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ABSTRACT

The conference described in this report had five objectives: to examine the existing curricula for medical librarianship in accredited library school programs; to examine trends in post-master's training programs for health sciences librarianship; to explore the relationship between graduate education for health sciences librarianship and the delivery of continuing education in this field; to examine the relationship between competencies required for certification and existing educational processes; and to produce guidelines for designing new or revising existing curricula in health sciences librarianship. The keynote and six position papers, along with responses, discussions, and recommendations, are included: (1) Pragmatism and Intellection in Medical Library Education, by Estelle Brodman; (2) Standards for Graduate Education Programs in Health Sciences Librarianship, by Martha Jane K. Zachert; (3) The Place of Specialization in the Master's Degree Program, by Russell E. Bidlack; (4) Education for Health Sciences Librarianship: The Master's Curriculum Component, by Pauline V. Angione and Diana Northup; (5) Post-Master's Training Programs for Health Sciences Librarianship, by Louise Darling; (6) MLA Certification in Relation to Graduate, Postgraduate, and Continuing Education Programs, by Phyllis Mirsky; and (7) The Relationship Between Graduate Education and Continuing Education in Health Sciences Librarianship, by Jo Ann Bell and Fred W. Roper. (FM)

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ALLERTON INVITATIONAL CONFERENCE ON EDUCATION FOR HEALTH SCIENCES LIBRARIANSHIP

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Proceedings of a Conference held at Monticello, Illinois
April 2 - 4, 1979

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1979

MEDICAL LIBRARY ASSOCIATION
Chicago, Illinois

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TABLE OF CONTENTS

Page

Introduction i

Conference Schedule iv

Keynote Address – *Pragmatism and Intellection in Medical Library Education* by Dr. Estelle Brodman viii

Conference Perspective by Nina W. Matheson xvi

Position Paper One – *Standards for Graduate Education Programs in Health Sciences Librariansbip* by Dr. Martha Jane K. Zachert 3

Respondent: Robert Braude 21
Group Discussions and Recommendations 22

Position Paper Two – *The Place of Specialization in the Master's Degree Program* by Dr. Russell E. Bidlack 29

Respondent: Dr. Gary Purcell 53
Group Discussions and Recommendations 55

Position Paper Three – *Education for Health Sciences Librariansbip: The Master's Curriculum Component*
Part One by Pauline V. Angione 63
Part Two by Diana Northup 73

Respondent: David Bishop 83
Group Discussions and Recommendations 87

Position Paper Four – *Post-Master's Training Programs for Health Sciences Librariansbip* by Louise Darling 95

Respondent: James Williams, II 107
Group Discussions and Recommendations 109

Position Paper Five – *MLA Certification in Relation to Graduate, Post-graduate and Continuing Education Programs* by Phyllis Mirsky 117

Respondent: Dr. Gwendolyn S. Cruzat 122
Group Discussions and Recommendations 126

TABLE OF CONTENTS (Continued)

Page

Position Paper Six – *The Relationship Between Graduate Education and Continuing Education in Health Sciences Librarianship* by Jo Ann Bell and Dr. Fred W. Roper 137

Respondent: Rachael Goldstein 150
Group Discussions and Recommendations 152

Conclusion of the Conference – *Future Plans and Assignments* by Nina W. Matheson 159

List of Conference Participants 163

Introduction

In September 1967, a conference on Education for Health Sciences Librarianship was held at the School of Librarianship, University of Washington, Seattle, Washington. The objectives of the conference were to "examine the needs and requirements of health sciences librarianship today and develop through working papers and discussions, suggestions for the curriculum requirements and/or to present a framework which any graduate library school might use in developing a program for health sciences librarianship."

Many changes have occurred in health sciences librarianship in the years since that conference. These changes include among others:

1) The introduction and widespread use of MEDLINE and other on-line data base services affecting all areas of library operation.

2) The introduction of clinical medical librarians as part of the health care team.

3) The identification of the role of the health sciences librarian in patient education.

4) The implementation of a new Certification Code by the Medical Library Association which requires successful completion of a competency-based examination requirement.

5) The elimination of virtually all post-master's internship programs for health sciences librarianship.

6) A job market in which there is an abundant supply of entry level personnel and an apparent shortage of middle and top management personnel.

In light of the changing educational needs of health sciences librarians reflected in these statements, the Medical Library Association undertook to plan a second conference on education for health sciences librarianship. A planning committee was established and a grant proposal to the National Library of Medicine was submitted and approved. Participants to the conference were selected by the Planning Committee based on nominations supplied by the deans of library school programs currently accredited by the American Library Association. These nominations included full-time faculty members with teaching responsibilities in the area of health sciences librarianship, full-time practicing health sciences librarians with teaching interests, and individuals in the process of planning new health sciences librarianship programs. The majority of those attending the conference were balanced between the first two categories. Additional participants were selected to represent educational interests in the American Library Association and in the Association of American Library Schools. Representatives for the employment sectors of the profession (academic, hospital, federal) were also present as were a select group and committee chairmen from MLA. Finally, a management intern from a new post-master's program was also invited.

This conference and these proceedings have been funded in part by Grant No. IR13 LM03248-01 from the National Library of Medicine.

In all, forty-one individuals attended the invitational conference held on April 2 - 4, 1979 at the Allerton House in Monticello, Illinois.

The Graduate School of Library Science of the University of Illinois agreed to serve as the co-sponsor for the conference and assumed many of the coordinating functions required during the actual time of the conference.

The objectives of the Allerton Invitational Conference on Education for Health Sciences Librarianship were to:

1) Examine the existing curricula for health sciences librarianship in accredited library school programs and to relate this specialty to the master's degree program in its entirety.

2) Examine past trends in post-master's training programs for health sciences librarianship and determine possible future directions for such programs.

3) Explore the relationship between graduate education for health sciences librarianship and the delivery of continuing education in this field.

4) Examine the relationship between the competencies required for certification and existing educational processes.

5) Produce guidelines for possible use by library schools in designing new or revising existing curricula in health sciences librarianship.

The method employed to achieve these objectives involved the advanced preparation of six position papers by experts in the field of health sciences librarianship. These papers were distributed well in advance of the meeting and formed the basis for the work of the conference.

Although an equal amount of time was allotted for each of the six papers at the conference, none was formally presented. Instead, each topic began with a few brief remarks by a respondent followed by group discussions of the topic. Reporting sessions concluded the discussion sessions.

The conference began with a keynote address by one of the principal speakers from the 1967 conference speaking on "Pragmatism and Intellection." A conference moderator further provided a sense of orientation and a charge to the discussion groups with an opening perspective and concluded the conference in a similar fashion.

The topics of the conference chosen by the planning committee for the preparation of position papers were:

1) Standards for graduate education programs in health sciences librarianship.

2) The place of specialization in the master's degree program.

3) Education in health sciences librarianship: the master's curriculum component.

4) Post-master's training programs for health sciences librarianship.

5) MLA certification in relation to graduate, postgraduate and continuing education programs.

6) The relationship between graduate education and continuing education in health sciences librarianship.

Each of these position papers appears in the following pages. The results of the work of the conference participants, however, are represented in the discussion comments, reports, and recommendations following each topic. With this invaluable base of information concerning topics of vital concern to educators and practitioners of health sciences librarianship, the Medical Library Association is now in a position to plan for a continuing dialog between these groups and to provide a structure within which these recommendations may receive attention.

Conference Planning Committee:

Pauline V. Angione
Robert A. Berk
Gwendolyn S. Cruzat
Martha Jane K. Zachert

CONFERENCE SCHEDULE

Monday, April 2

7:30 - 8:30 p.m.	Welcome and Introduction – Roger G. Clark, Ph.D., Associate Dean of the Graduate College and Acting Director, Graduate School of Library Science, University of Illinois.
	Keynote Address: *Pragmatism and Intellection in Medical Library Education* by Estelle Brodman, Ph.D., Librarian and Professor of Medical History, Washington University School of Medicine, St. Louis, Missouri.

Tuesday, April 3

9:00 - 9:30 a.m.	Conference Perspective: Nina W. Matheson, Librarian, Paul Himmelfarb Health Sciences Library, George Washington University, Washington, D. C.
9:30 - 9:45 a.m.	Conference Facilitator: Robert A. Berk
9:45 - 11:00 a.m.	Position Paper One: *Standards for Graduate Education Programs in Health Sciences Librariansbip* by Martha Jane K. Zachert, D.L.S., Professor, College of Librarianship, University of South Carolina, Columbia, South Carolina.
	Respondent: Robert Braude, Director, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha, Nebraska.
	Discussion Groups
	Reports from Discussion Groups
11:15 - 12:30 p.m.	Position Paper Two: *The Place of Specialization in the Master's Degree Program* by Russell E. Bidlack, Ph.D., Dean, School of Library Science, University of Michigan, Ann Arbor, Michigan.
	Respondent: Gary Purcell, Ph.D., Past-President, Association of American Library Schools, Graduate School of Library and Information Science, University of Tennessee, Knoxville, Tennessee.
	Discussion Groups
	Reports from Discussion Groups

Tuesday, April 3 (Continued)

1:30 - 2:45 p.m.	Position Paper Three: *Education for Health Sciences Librariansbip: The Master's Degree Curriculum Component* by Pauline V. Angione, Assistant Professor, Graduate School of Library Science, Rosary College, River Forest, Illinois and Diana Northup, Senior Reference Librarian, Medical Center Library, University of New Mexico, Albuquerque, New Mexico.
	Respondent: David Bishop, University Librarian, University of California/San Francisco, San Francisco, California.
	Discussion Groups
	Reports from Discussion Groups
3:15 - 4:30 p.m.	Position Paper Four: *Post-Master's Training Programs for Health Sciences Librariansbip* by Louise Darling, Librarian Emerita, Biomedical Library, UCLA, Los Angeles, California.
	Respondent: James Williams, II, Medical Librarian, Vera Shiffman Medical Library, Wayne State University, School of Medicine, Detroit, Michigan.
	Discussion Groups
	Reports from Discussion Groups

Wednesday, April 4

8:45 - 9:00 a.m.	Conference Facilitator: Robert A. Berk
9:00 - 10:15 a.m.	Position Paper Five: *MLA Certification in Relation to Graduate, Postgraduate and Continuing Education Programs* by Phyllis Mirsky, Head, Reference Section, National Library of Medicine, Bethesda, Maryland.
	Respondent: Gwendolyn Cruzat, Ph.D., Associate Professor, School of Library Science, University of Michigan, Ann Arbor, Michigan.
	Discussion Groups
	Reports from Discussion Groups

CONFERENCE SCHEDULE (Continued)

Wednesday, April 4 (Continued)

10:45 - 12:00 p.m. Position Paper Six: *The Relationship Between Graduate Education and Continuing Education in Health Sciences Librarianship* by Jo Ann Bell, Director, Health Affairs Library, East Carolina University, Greenville, North Carolina and Fred W. Roper, Ph.D., Assistant Dean, School of Library Science, University of North Carolina, Chapel Hill, North Carolina.

Respondent: Rachael Goldstein, Director, Levy Library, Mount Sinai School of Medicine, New York, New York.

Discussion Groups

Reports from Discussion Groups

12:00 - 12:30 p.m. Conclusion of the Conference – *Future Plans and Assignments:* Nina W. Matheson.

Discussion Groups

Group A

James Barry
Dr. Estelle Brodman
Dr. Lorene Brown (Recorder)
Lois Ann Colaianni
Doreen Fraser (Discussion Leader and Reporter)
Diana Northup
Dr. Gary Purcell

Group B

David Bishop
Shirley Hesslein (Recorder)
Nina Matheson
Dr. Edmond Mignon
Dr. Fred Roper
Nancy Woelfl (Discussion Leader and Reporter)

CONFERENCE SCHEDULE (Continued)

Discussion Groups (Continued)

Group C

Dr. Charles C. Churchwell
Louise Darling
Dr. Sylvia Faibisoff
Dr. Charles L. King
Anna Leith (Discussion Leader and Reporter)
Linda Smith (Recorder)
Dr. Martha Jane K. Zachert

Group D

Pauline Angione
Dr. Russell E. Bidlack
Carol Jenkins
Miriam Libbey
Dr. Pauline M. Vaillancourt (Discussion Leader and Reporter)
Karol Weigelt Stahl (Recorder)
James Williams, II

Group E

Jo Ann Bell
Dr. Gwendolyn Cruzat
Rachael Goldstein
Miriam Larson (Recorder)
Jess A. Martin (Discussion Leader and Reporter)
Alan Rees
Winifred Sewell

Group F

Dr. Robert A. Berk
Robert Braude
Dr. Ana D. Cleveland (Discussion Leader and Reporter)
Dr. Bernice McKibben
Phyllis Mirsky
Lynne Morris
Janet Smith (Recorder)

KEYNOTE ADDRESS*

PRAGMATISM AND INTELLECTION IN MEDICAL LIBRARY EDUCATION

Estelle Brodman

Introduction

While I am flattered to be here today giving this keynote address, just over a decade since I gave a similar address at the first meeting on this topic in Seattle(1), I must admit I feel a little bit like the Witch of Endor or the Cumaean sybil, who has been asked to measure her first 100 prophecies against what really happened, and to come up with a coefficient of reliability accurate to the third decimal place. Perhaps I should use as an excuse that I prophesied for 20 to 25 years ahead and only half that time has elapsed. Besides, you just wait and see – every one of my crystal ball predictions will yet come true, and then you will all be ashamed of yourselves for your unworthy doubts!

Seriously, though, let me remind you that a decade ago I enunciated some principles on the education of medical librarians which I think still hold true. In fact, one of my staff suggested I might just re-read that paper here, assuming none of you had seen it. Although I gallantly forbore to do that, I reiterate that I believe:

1. We must educate for the problems of a generation hence, not for the problems of today.

2. The problems of the future will derive from changes in (a) medical practice and research, (b) the state of society about us, and (c) the technology likely to be available 20 years from now.

3. Librarianship will change by a stair-like progression of moves upward, then forward consolidations, then more moves upward.

4. Because medical librarianship will change in ways not discernible to us today, especially as we move into the post-paper, electronic age, described by Lancaster and Linda Smith(7b), among others, new librarians must be imbued with the psychological ability to handle change and to live with ambiguity. Without this they will be performing tomorrow's tasks with yesterday's concepts.

Since I spelled out the details of these principles in my earlier paper and you can all read, I propose now to take an entirely different tack here, letting my clouded crystal ball rest quietly for a moment. What I would like to discuss today are three interrelated topics:

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*Read at Allerton Invitational Conference on Education for Health Sciences Librarianship, Monticello, Illinois, April 2-4, 1979.

1. What is the purpose of a medical library?

2. What does a medical librarian do?

3. How should our education for medical librarianship reflect these questions?

And if I fail to answer these questions completely, perhaps I can take refuge with my predecessor, that Witch of Endor, who questioned her inquirers, saying unto them, "Surely you know what Saul has done, how he has cut off the mediums and the wizards from the land. Why, then, have you laid a snare for my life?" (1 Saul 28:09)

I should also point out that since I wrote this paper, Tefko Saracevic of Western Reserve University has published an article(6) which discusses many of the topics I cover, but which comes to quite different conclusions about their bases.

Purposes of Medical Libraries

The modern medical library in our post-technological world is a multi-goaled organization, and from that fact stems both its strengths and many of its problems. It suffers under the ills of being called upon by society to fulfill a number of functions, at least some of which are contradictory. For example, it is expected to be:

1. a preserver of antiquities

2. a transmitter of data

3. an interpreter of facts

4. an educationist institution

5. a problem solver

6. an institution catering to the elite, but also offering egalitarian-like services to other groups without "clout"

7. a research institution studying new technologies

and it is expected to be staffed by scholars who are also businessmen and who will work at cheap wages!

Not only are the expectations of our society from medical libraries multifarious, but their contents – books, journals, slides and other media-offerings, computer tapes, and manuscript reports – are passive and static, while information is dynamic, existing (as in Heraclitus' view – first taught me years ago by Louise Darling – or as the newer physics holds) only as it changes. Too often the library is expected to be both the curator of the immutable containers of data and at the same time (as the content is confused with the container, the medium with the message) the transmitter of the mercurial information within its

purview. . . .I trust I do not sound as if I were describing what Fairthorne in England has called "the Phlogiston Theory of Information." What I mean to recall to you is that information is not a property of documents, but the relationship between data and its recipient.

Beyond all of this, however – underpinning it, if you will – must be the true purpose of libraries. It is conceivable that medical libraries can be perceived, like the "modern major general" in Gilbert and Sullivan's *Pinafore*, full of all knowledge and all technique, with the librarian merely the pointer and the guidepost, saying "Go here; go there." It is equally conceivable that the poor results of such heterogeneity would soon be perceived by our society, and that a series of specialized institutions, each with its primary goal, might be set up instead with the librarian of each a specialist. Such a specialist might mark an x where his or her expertise ended and courteously refer the inquirer to another institution and another kind of guide, who would take up where the first one had left off. Let me remind you that we are struggling with this very question now as we ponder whether medical libraries should instruct laymen on cancer or basic nutrition, for example, or whether some other agency should do so – the school, the press, the public library, the government, or mixtures of these. The question raises itself also when we debate whether medical libraries should make slides, films, tapes, AV cassettes – like monks of old producing books in the scriptorium and the bindery – or whether another group should be charged with this duty.

We even have questions about which institution should serve each of the diverse groups in our much smaller medical hierarchy: physicians, dentists, nurses, medical social workers, clinical pharmacists, dieticians, and the whole bevy of physician extenders. If they are all served in one institution, the medical librarian would have to be like a chameleon, who changes color with the changes in light and darkness around. If the medical library is called on to serve ever more disparate groups in the future than it has in the past (and I believe it will), then the principle of fitting the information to the inquirer would tend to require different purposes and different methods for each group.

Fundamental to all of this, however, is the simple fact that a library is a storehouse of information, arranged in some fashion so that the containers in which the information resides are able to be located. All else, as Hillel said about the Torah, is commentary, for all else derives from these two elements.

What Does a Medical Librarian Do?

Put this way, there seems little argument in what I have said, and I will therefore quickly go on to what may indeed be more controversial, What does a medical librarian do?

The library, I hold, is the physical object; the contents of the library, the ideas inherent in the physical containers, are the immaterial objects. (And I will not once again quote William Welch's remark about the Army Medical Library building, that *that* was not the library – the library was inside.) Philosophers refer to this as the physical and the metaphysical form; the physics of experience and the metaphysics of intellection.(2) The medical library exhibits both of these; the medical librarian handles both: the sensed world of the physical existents and the unsensed world of metaphysical subsistents, the latter seen in classification schemes, or theories of interlibrary cooperation, as well as in the ideas in the physical containers handled.

Since this is so, the medical librarian has to be able to handle both physical and metaphysical concepts, be aware of both, understand the meaning and place of both. Just as mind is form or intellect without matter, so bookshelves and reading devices and catalog cards are matter without form. To fulfill the second requirement for a library, which I enunciated earlier, that the containers (the physical realities) be arranged in some fashion so that the information (the metaphysical immaterial objects) within them can be located, the librarian has to perform two entirely separate sets of work: he must see to the administrative, managerial control and proper deployment of the physical resources; while at the same time he must direct the metaphysics of ideas for the user needing the information requested. As Curtis Wright put it so much more elegantly than I, "Librarianship is simply metaphysical orientation, a way of relating to the products and processes of the human mind, an orientation to ideas which obliges the librarian to master, not the functional content of specific research projects, but the noetic [intellectual] structure of inquiry, in order to properly attend to the study interests of patrons."(3) Nina Matheson also called for the same thing in 1976.(5) "The continuing evolution of our profession depends on reorienting ourselves from technological to intellectual specialties, from bibliographic utilization to knowledge utilization."

If what I have just said is true, it seems to me it follows that medical librarianship should be paying much more attention to studying intellection and the metaphysics of research than we have done in the past.* The American medical librarian especially has been wonderfully trained in the administration of the physical containers of knowledge, the pragmatic physics of experience, but less well trained or trained not at all in the metaphysics of intellection: how thoughts occur, how they can be ordered, handled, managed. Now I have lived for too long in parts of the world where exactly the opposite has occurred to wish to use that as a model. Where librarians spend their time spinning fine drawn-out theories of the universal classification of knowledge, while newly arrived journals are not checked in, catalog cards not filed, and slipshod circulation systems abound, neither the inquirer nor the librarian is served adequately. Pragmatism has its place; intellection has its place, but one would not wish all of either, any more than one would want nothing but chocolate cake at every meal.

But too much of physics and too little metaphysics may be seen in several facets of today's medical librarianship. Dee Garrison(4) explains it as due to the low status of women who entered the field in the third quarter of the 19th century, who though they were often college graduates, were trained, "around Dewey's core of practical instruction in routine detail to female mechanics," and the oral history interviews with Janet Doe, Mary Louise Marshall, and Bertha Hallam, under the MLA Oral History Project, seem to bear this out for medical librarians as late as World War I. (A paper based on these tapes is now in preparation.)

Whatever it is due to, it seems obvious to me that we have equated *how* with *why*, and we have thought of research merely as investigation of the pragmatic factors in medical librarianships – budgets, personnel, buildings, cost/benefit relationships – rather than research into the intellectual foundations of librarianship *per se*. The newly acclaimed sub-sub-profession of "clinical librarian" seems to me to bear this out. Let me explain what I mean.

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*"Librarianship has not really succeeded in developing a theoretical base and a scientific component, nor does it have a tradition of theoretical/experimental inquiries." T. Saracevic, *op. cit.* p. 8.

I know I needn't tell this group that clinical librarianship is the "in" thing in today's medical libraries. Nor do I want even to seem to be denigrating the practice – some of my own staff are clinical librarians! But has anyone been worrying about the intellectual bases for this work; what it is trying to do; what relationship it has to other ways of transmitting knowledge; what is the immaterial, metaphysical foundation of such knowledge transmission? Certainly all the attempts at evaluating these services end up merely in counting and in letters of praise – with perhaps a few mild words of unhappiness quoted to give the appearance of completeness and accuracy. (I hasten to report that I don't know any other way to evaluate it either, because I haven't determined what I am trying to evaluate.)

Incidentally, I have my own theories for the success of those clinical librarian programs we have heard about – all in medical centers or in fairly large hospitals, I point out, as if someone had decided *a priori* that it wouldn't work in other settings. And perhaps it wouldn't, but I don't know and I don't know how they know. I believe these clinical librarian projects are successful because they are a direct return to the individualized services offered health professionals which used to be the hallmark of small medical libraries, before these libraries grew so large their directors were replaced by administrators, many of whom tended to look at the costs without considering the intangible benefits in the cost-benefit ratio, and who were not brought up in what my grandmother used to call "the art of being a woman." I believe that clinical librarianship is battening on this for its success. Certainly few clinical librarians I see are really giving any more superior service than their non-clinical librarian counterparts: some of them seem to me even to be less good, because they have come to rely almost entirely on one source of information (MEDLINE) as status-building, and to develop a kind of arrogant mystique which makes them intolerable to their peers.

If, instead of all these letters on how good our clinical librarian program is, we were to examine the intellectual basis of the provision of information in different settings; if (as Wright recommends) we study the noetics, might we not be on sounder ground in offering our service, in requesting funds to carry it out, in evaluating what it really does, and so in determining how and what to teach our successors?

Let me give you another example where I think we need to examine more closely what the medical librarian does, so we can relate it to what we think he should do, and then go on to educate our successors so they will be able to do it.

It is almost a truism in our field to say that when an inquirer asks a question he should get an answer from the literature. Here I am reminded of Senator Muskie, who is said to have complained, "What this country needs is one-armed scientists. Whenever I ask a scientist for an answer, he always says, 'Well, on one hand there is this, and on the other hand there is that'." Just as much as senators, so do radiology technicians and laboratory workers and clinicians often need an authoritarian answer to their questions.

Moreover, some inquirers don't require more information or references to sources ("bibliography by the yard" we used to call it at NLM when I was there), nor even a selection of the documents themselves. What they need is consultation: to be put in contact with one of their peers to whom they can present a problem and get authoritative advice. At least two systems which used the library as the switching device were described a few years ago: one at the University of Alabama and the other in Virginia. Here certain questions asked at the

library were passed on to specialists in the field for answer. I have not heard about either of them for a couple of years and wonder if that bespeaks their demise or their absorption into the mainstream of library service at those institutions. And through its satellite microwave set-up the Lister Hill Center and the University of Washington are providing such services to paramedical workers and student physicians in Alaska. In the Midcontinental Regional Medical Library area the University of Kansas has taken on some of the same responsibility. This is not a new concept, of course. As long ago as the 1940's, Brazil was providing the same kind of service for its rural physicians via the radio. Certainly this is one of the facets of the relationship between data and its recipients which I mentioned earlier. Should we educate future medical librarians merely on how to find out who knows what, or should we educate them to be able to synthesize the literature and present the enquirer with an encapsulated review, with all the "on-one-hand, on-the-other-hands" clearly spelled out? How can we tell until we study the underlying constructs of knowing, understanding, and accepting?

Education for Medical Librarians

Now I come to my final points – you will be happy to know, after all our delightful cocktailing and eating. How can all these fine words and theories I have been throwing at you be brought down into the everyday world of library school courses, internships, continuing education, standards, and certification procedures? Here is where I wish I really had a crystal ball to help me translate "the unsensed ant world of metaphysical subsistents, which exists in relation to the natural world, but not within it" into the "sensed world of physical existents"(2) where you can make sure something actually results from your efforts at education. And since I am not trained in education, I cannot even speak meaningful jargon to those of you who know so much more in this field than I do.

But of one thing I am sure. I stand squarely behind that old recipe for rabbit stew which starts off, "Catch your rabbit." There are some people who are capable of and comfortable with the exploration of epistemologies, philosophies, studies of the thinkable and the unsensed; but most people are not. So my first feeling is that we have to leaven the whole body of medical librarians by trying to attract more of these people into our midst. In my opinion, this is a cyclical problem: those people will not be attracted to medical librarianship unless they are shown examples of its basic thoughtfulness – and I use the word to mean full of thought and ideas, of course. But you are not going to be able to show such ratiocination going on in medical libraries if you first teach methodologies without intellection and then you compound the problem by allowing the young intellect to be bogged down by small routines with no chance to question or change.

I also believe that examinations for medical librarians – in and outside of library schools, for or not for certification – should set questions which test the applicant's ability to handle ideas, to explain them, to carry them forward, to spot errors in arguments, and to offer alternate theories as reasonable. As you see I am against true/false, multiple choice, "objective" kinds of exams as the sole proof of knowledge, for I believe they test only information, not thought. And I am naturally pleased to see this feeling mirrored in Dr. Bidlack's paper.

Third, I feel that medical librarianship should have a dual track in it, as does many another discipline. One should be for practitioners, the other for researchers, and both should be

equally honored and equally remunerated. I have just said we need a leaven for our entering group of librarians; we need equally a leaven for the practice of librarianship, which should like Heraclitus' river, change eternally, but too often does not. To do this, one must equally have heads of libraries who understand the importance of such philosophers on their staff – even though they don't answer as many questions as their neighbors, or go out to the bedside with as many young physicians. This is not easy to bring about, and perhaps we need to devise a reorientation training for those pragmatic directors of medical libraries who ought to consider whether a philosopher-librarian on their staff might not be worth his salary, even in times of economic stringency. Is the Platonic ideal of the philosopher-King perhaps the one we might try to attain in our libraries?

Conclusion

I have now described the need to change the original library school training, offered some suggestions for continuing education for head librarians, asked you to redo all your certification examinations, and suggested changes in the tracking systems for medical librarians. As if that isn't enough, I have also said you need to accept a different breed of cat into your beginning library school classes! Let's see, is there any other way I can discombobulate you for the time being?... Since I can't think of any more fundamental changes than I have already set before you, let me now turn the tables on myself and allow you to discombobulate me by questions.

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CONFERENCE PERSPECTIVE

Nina W. Matheson

I would like to open the working session of the Allerton Conference on Education for Health Sciences Librarianship with a warm welcome to the speakers and participants, all of you distinguished by virtue of your credentials as thinkers, educators, practitioners, and problem-solvers. This is the second conference on health sciences librarianship. The first, held in 1967 at the University of Washington, under the auspices of the School of Librarianship led by Dr. Irving Lieberman, had a specific objective: "to develop through working papers and discussions, suggestions for the curriculum requirements and/or to present a framework which any graduate library school might use in developing a program for health sciences librarianship." That was a time of expanding economy and expectations, growth was accelerating, there was a shortage of well-trained workers, a still youthful MLA was prepared to support alternative directions and new programs, and major social programs, such as the Regional Medical Program, were underway. There was a growing awareness of the shape of the post-technological world – the black box library seemed possible – and librarianship and information science seemed to be a part of the frontier.

We meet today for a somewhat different purpose and under different conditions. In 1967 a library school was looking for a change; today a professional association is searching for the means to change. We face vastly different social conditions: a depressed economy, fewer traditional library job opportunities, but a burgeoning commercial information industry, and many of us are finding the need to practice survival strategies in our work. In 1979 we may have a slightly broader perspective on the possibility, or necessity, of multiple means to the end we seek, but in common with the 1967 conference we are primarily concerned with the mechanics, the how, the means of health sciences library education.

Last night our keynote speaker gave us essentially a "foundations of librarianship" position. We commonly recognize that our fundamental social task is the "physics" of librarianship – managing the storehouse, organizing the storage and retrieval of the containers or forms of knowledge. We *must* train people to perform this essential task well, if nothing else. Our library schools are mainly organized to this end. But Dr. Brodman points out that the librarian should be the custodian of the ideas as well as the custodian of their physical manifestation. To perform *that* function well, we must comprehend the "noetic structure of inquiry" (there is no better way to state it, and I commend Curtis Wright's two papers to you where this idea is fully explored). This is an aspect of librarianship that is denied, neglected, or minimized in our professional training. Dr. Brodman suggests it should be otherwise. While the papers and our deliberations are focused on the first priority, the "physics" and the mechanics, the means to educate for the social task of storehouse management, Dr. Brodman confronts us with our obligation to deliberately foster, enhance and protect the education and role of the philosopher-librarian.

We here today would agree that health sciences librarianship is a specialized branch of librarianship and that the training of specialists should be a continuum of the main educational effort. To improve or enhance the training of competent librarians in our specialty we should consider effecting change in three areas: 1) the basic educational component of the master's programs, 2) the post-master's program and 3) the continuing professional education

of practitioners. The questions we confront have to do with responsibility and authority for decisions on content, education site, and the quality and meaning of the educational experience.

As an employer I would like to see graduates emerging from a master's program with a sense of professionalism and a set of competencies that make them immediately productive. I also expect graduates to be analytical problem-solvers of some maturity but I'm not sure I expect the library schools to take responsibility for the latter characteristics. These expectations are not uncommon and far from new. We are still asking the question posed in 1967, "how do we get there from here?" In 1967 Richard Orr proposed a "systems concept of library education that would be problem-oriented, integrated, functional and analytic." His system would reorganize the basic curriculum. Except for some of the terminology, his paper parallels the very stimulating and provocative proposal outlined by Diana Northup. Her paper calls for a fundamental innovation, an innovation whose implementation requires at the minimum two essential ingredients: an appropriate student body and a skilled faculty with a problem oriented educational philosophy. Russell Bidlack's paper presents a balanced, measured view of the problems and pressures faced by library schools and makes some points painfully relevant to Northup's proposals specifically and to curricular change in general. Our students are basically self-selected and by and large not of the caliber of medical students. (If only we could pull in those rejected medical school aspirants.) Higher education expects 12% fewer students over the next 10 years which means we will be competing for an even more limited student pool against professions that offer far greater economic and social rewards than ours. We also know that faculty are already hard pressed to teach the specialty courses as well as the core courses. Shrinking full-time and part-time faculty due to economic pressures and an increasingly tenured faculty suggest "hard-scrabble" ahead for change in curriculum and teaching methods. Furthermore, some of the dean's comments suggest to my ear a widening gap between the "educational community" and the "field." The open welcoming of "whatever standards or guidelines might be developed" by those responsible for the "body of knowledge" of our profession gives me pause.

It is true that since 1967 there has been a response to the demand for more training for health sciences librarianship, but with few exceptions, as Northup, Bell and Roper point out, there has been more, but more of the same basic introductory material. This is a far cry from the models offered in 1967 by either Orr or Rees. Where then, is the pressure for change to come? In standards and accreditation? Zachert's precise and incisive summary leaves little room for optimism. In view of the ALA Committee on Accreditation's "disinterest in specific evaluation of the components of library education labelled 'specializations' and MLA's interest in the specifics of education for health sciences librarianship" she concludes that we might best look at other alternatives. Certification could be an alternative; designing explicit performance objectives around which education programs could be built is another; preparing textbooks and related teaching materials that embody the core of the specialization is a third. Zachert's strong call for immediate, brisk, and positive action on the part of the MLA to take the educational initiative is hard to resist given what we know of the past and the immediate present in the academic realm.

But others suggest reasons for continuing to encourage closer relationships, indeed partnerships, between library schools and the associations in responding to the post-master's career development needs. Mirsky sees the MLA Certification Program as offering library schools a

major opportunity to provide postgraduate training credits to the growing number of medical librarians seeking either certification or recertification. She envisions the possibility of jointly organized courses, institutes, seminars or tutorials aimed at this end, with economic benefit to the library schools. On the other hand, Angione and Roper/Bell point out the inherent conflicts between degree programs and continuing professional education activities. While stating that "library schools have a primary responsibility for designing professional education programs, including continuing education" they note that continuing education is often perceived as extraneous and peripheral to the purposes of most library schools. They point to the fact that little value is given to such work when tenure and promotion decisions are taken. The complexity of the issue is clearly presented by Roper/Bell: there are problems of finding the students, the hostility of the larger academic environment, and the lack of regular teaching staff. They, too, argue, that library schools should seize the opportunities continuing education presents and work with the professional groups to develop programs. Angione, on the other hand, is basically skeptical of that alternative as well as the practicality of modifying the basic master's curriculum to incorporate more specialization. She points out that the students' professional needs and expectations are often formed in the course of earning the first professional degree. Her recommendation is to explore a second library science master's or a dual master's program.

Are internships or sixth-year certification alternatives less controversial or more possible? Darling gives us a lucid and compact review of the experience of internships in the health sciences. The lack of evaluation data precludes taking a strong convincing position; however, there are few deficits that can be attributed to this type of experience for the students. It is person dependent, frequently, and demands much from the teaching library. An unpublished evaluation study performed for the National Library of Medicine in 1970-71 indicated that the differences between the NLM sponsored students and interns and others were significant in the first two years, but all factors seemed to equal out after three years. Darling reminds us, also, of a point made by Pings and Cruzat in 1967 that should be kept in mind: internship and residency type training programs should be the responsibility of the professional schools. Is the revival of this educational method dependent on the library schools taking the initiative?

Let me return to the stated conference objectives in the printed brochure. There are five of them. In truth they were the objectives of the position papers, which we are about to consider in depth. Our task is a threefold one and very difficult: to look analytically at the problem, to think innovatively about approaches to the problem, and to produce at the end of this conference recommendations on which the MLA can take action. Where does the health sciences library specialization education process go from here? Our keynote speaker said more than a decade ago, "there will be a period of discussion, where you may ask the speakers searching questions and the speakers will search around for appropriate responses." This time, consider that the searching questions as to our future are being asked of you.

POSITION PAPER ONE

STANDARDS FOR GRADUATE EDUCATION PROGRAMS IN HEALTH SCIENCES LIBRARIANSHIP

Martha Jane K. Zachert

Do not laugh –
Do not weep,
Try to understand.

– Attributed to Spinoza[1]

The long and often heated discussion over the nature of higher education goes back to the European antecedents of our modern universities. The ostensible purpose of all the palaver has been to "assure the quality" of the products of this institutionalized educational process (i.e., the graduates of institutions of higher education), and from time to time to "improve" both the institutions and their products; usually more covertly, there has also been the desire to control. For those who wish to study it, the record is available in detail or in summary.[2]

Our concern is with the future of health sciences librarianship and of the graduates of the university-based education for librarianship who will work in health sciences libraries and who will, in the future constitute the corps of our segment of the total profession. It is our ostensible purpose also to assure the quality of the product and to improve it. To the extent that we can agree on the nature of the education or the specifics of such improvement, we also wish to control – in the sense of specifying our expectations for the education of future health sciences librarians.

Standards constitute the statements of specification and/or expectation for either process or product or both. They are intended to provide the planners and purveyors of education something to shoot at, the consumers (i.e., the students) a promissory note – though not a warranty for replaceable parts. Society, which might also like to have such a warranty, uses the standards – if at all – as predictors of the nature and the quality of the product.

In library science our history of search for, and implementation of, educational standards indicates that we have several related purposes which we are trying to accomplish through standards:

1) to prepare entry level practitioners who "meet the needs" of employers;

2) to lay a foundation for later career education, either formal or informal;

3) to provide some consistency across time and space in meeting the first two objectives;

4) to upgrade the profession (variously perceived as possible through research; through improved teaching; through more or different substance; through more, fewer or different grading procedures).

It is inherent in any discussion of educational standards that different people will interpret the above statements differently, whether they agree or disagree.

Most standards for higher education in the U.S., including professional education, include statements regarding the institution's perception of its mission, its resources and facilities, its curriculum, and its governance. Some include statements that relate to institutional, faculty and student attitudes (e.g., research-oriented); to the institution's responsiveness to various social or professional issues (e.g., affirmative action); to the institution's involvement in research; to specific educational methods or processes (e.g., competency-based instruction, or work experience as part of formal education); and to the evidence admissible in making judgments about the extent to which the other standards are met.[3]

"Accreditation, as applied in education, is the recognition accorded to an institution that meets the standards or criteria established by a competent agency or association."[4] A fully developed accrediting procedure has four steps:

1) establishment of standards or criteria;

2) inspection of institutions to determine whether or not they meet the standards/ criteria;

3) publication of lists of those institutions which do meet the standards/criteria;

4) periodic reviews of accepted institutions to assure their maintenance of quality.[5]

In a very practical way, accreditation also facilitates the transfer of students among recognized institutions and serves as a lever for administrators who are having difficulties getting their institutions to provide the resources necessary for meeting and maintaining the desired level of quality. Accreditation also serves those of the general public who know what it is in their choice of an institution and in their choice of employees.[6]

Thus standards and accreditation are usually viewed as complementary. It is possible to state standards without instituting a follow-up procedure for accreditation. Such statements, lacking potential for enforcement, might better be called guidelines. But it is not possible to have a valid process of accreditation without some statement of relevant standards.

Types of Standards: Definitions and Concepts

I would like to begin the look at standards for health sciences library education with the reminder that there are multiple *kinds* of standards, indeed multiple meanings of the word "standard" itself.[7] One writer about library standards has wisely pointed out that "each listener [to a discussion of standards] may interpret any statement made on the basis of emotional reactions triggered by what he considers standards to be."[8] This reaction is virtually a certainty among educators, not the least of whom are library school faculties, deans, and members of the Committee on Accreditation. Our multiple (and sometimes traumatic) group and personal experience with standards, and the mythology about standards prevalent in library circles, inevitably lead to differences in denotation and connotation of

what standards are or ought to be. In the interest of helping us to be as objective as possible, and of beginning on common ground, I would like to review very briefly some of the most-used kinds of educational standards. (And I note in passing that there is no commonly accepted typology, so this statement is a subjective one. I feel, however, that each reader will recognize these varieties, though they might be designated differently than in another writer's summary. I also note that many of us are more familiar with standards that relate to what a library is and does, and ought to be and do than we are with standards related to library education. Insofar as the *types* of standards go, however, I feel there is considerable similarity).

I agree with James Wallace who categorized types in common use and related them to various purposes for which standards are considered useful:[9]

1) **minimal standards**: for acceptance, for recognition (for the entrance of new or developing institutions into the company of the elite; for accreditation; for the bestowal of benefits). Minimal standards are likely to bear the stamp of authority, the authority which admits, recognizes or distributes benefits. In library standards and library education standards, these are likely to be descriptive statements (sometimes including quantified descriptions) of resources, conditions, personnel and action. Although the entire statement is considered as the minimum acceptable, there is often an indicated range rather than a single quantity or level.

2) **normative standards**: for self-diagnosis or comparison with other, similar institutions. Normative standards may also bear the stamp of authority, especially when that authority has or feels some responsibility for bringing the affected institutions into the camp. Normative educational standards are often qualitative descriptive statements, frequently including quantitative subsets. Their intent is to describe the norm, known or alleged, of the class of institutions to which they apply.

3) **challenge standards, also sometimes called developmental or projective standards**: to provide goals and to set a direction for development that has been deemed appropriate by the issuing authority. Challenge standards may also be qualitative statements accompanied by quantitative subsets. Their distinguishing characteristic is that they describe a future state for the majority of institutions to which they apply, rather than an expected present state. The intent of challenge standards is to provide goals to which institutions will aspire.

4) **planning standards**: for self-examination and self-prescription of remedial action or revised goal-setting. Planning standards are stated in terms which allow an institution to state its own goals, to display evidence related to the fulfillment of those goals and to come to conclusions as to whether or not the goals have been met. Their intent is to guide an institution to self-perception, to acknowledgment of present condition and to the statement of appropriate new goals. Thus planning standards tend to be open-ended rather than prescriptive in either qualitative or quantitative terms.

Profession-wide Standards

The Council on Post-Secondary Accreditation is the agency which, in the unique system in use in the U.S., is responsible for recognizing sub-agencies which set standards and accredit the educational facilities for each profession. The American Library Association is the responsible sub-agency for librarianship; its Committee on Accreditation (COA) develops standards and examines for accreditation first-professional-degree programs of library schools which voluntarily request examination.[10]

The COA standards[11] attempt to combine minimum and planning standards in a single document. They describe (sometimes in general terms and sometimes in more detail) appropriate goals and objectives, curriculum, faculty qualifications, student qualifications, governance and administrative structure, financial support and physical facilities. At the same time, they provide for the examination of these components of a library school in terms of the school's own specific goals. Emphasizing qualitative rather than quantitative descriptions, they allow for "initiative, experimentation, and individual difference,"[12] and are, to this extent, open-ended.

The process by which library schools are accredited is a two-phase one. The standards are used as guides for self-examination in the first phase, and as guides for examination by "experienced and capable observers," usually a team of 3-5 such persons, in phase two.[13] "While the Committee, as a part of its evaluation, examines each of the component factors, the final judgment is concerned with the totality of the effort and the environment for learning in which it is carried on. The decision regarding accreditation is approached from an assessment of this totality, rather than a consideration of isolated particulars."[14]

The appropriateness of COA and its standards for the accreditation of health sciences library education is open for discussion. Health sciences librarianship is not carried out in isolation from the totality of the profession and the thrust of the COA's philosophy is in the direction of viewing librarianship as a totality. On the other hand there are some specifics that health sciences librarians expect to find within the capabilities of those they employ. If COA does not include these specifics in its standards, does not inquire into them during its examination of the parent program, and does not consider them in rendering its judgments, how can the health sciences segment of the profession be informed and confident as to the nature and quality of the preparation of future health sciences librarians?

MLA's Position and Record

The Medical Library Association's direct concern with standards began in 1948 when a Committee on Standards, with subcommittees on Recruitment, Curriculum, Internship and Certification, was recommended and subsequently appointed.[15] Standards for educational programs for health sciences librarians in the graduate library schools evolved. (Then called "medical librarians"; I am using the presently preferred term.) The full expression of these standards was adopted by the Association in 1958.[16] Between then and 1974 the Association approved courses in ALA accredited schools on the basis of those standards (or disapproved by implication).[17]

The standards emphasized (a) course content, i.e., the bodies of knowledge needed for health sciences librarianship, and (b) the quality of the teacher(s). The standards refer to "the course" but there is no statement that a single course was the only acceptable format for the required bodies of knowledge; in fact, different formats were approved. The content was described in rather specific terms and, though it was acknowledged that health sciences library education took place in the more general total environment of a library school, the totality was not examined as part of the evaluation process. Rather, health sciences library courses were examined and the quality of the rest of a curriculum was accepted on the basis of ALA accreditation.

The standards included specific criteria related to the ALA accreditation status of the parent program, availability of medical literature for study, qualifications of faculty, qualifications for admission of students, and content of the curriculum. The content statement is perhaps of greatest interest in the present context. It comprised medical library organization and administration, functions and services of libraries by subject subdivision within the medical sciences and by type of medical library; selection, acquisition, cataloging, classification and preservation of medical books and periodicals; medical bibliography and reference work, including terminology, with special emphasis on serial publications, and with inclusion of government documents and audiovisual materials recommended; rare books and the history of medicine (presumably bibliography and reference work therein, though not specified).[18]

The approval process was one of gathering the required background information, making and reporting the site visit, and forwarding a recommendation to the Committee on Standards. The background information required consisted of all syllabi used and a comprehensive questionnaire on course content and, especially course management (i.e., hours, credits, methods, proportion of time and assignments devoted to each part of the specified content.)[19] One part of the questionnaire required data supplied by each student as to personal educational background, including foreign language skills and library experience. The basis for admission of each student to health sciences library study was to be recorded along with information about counseling conferences between instructor(s) and individual students. The final part of the questionnaire was the record of the site visitor's evaluation of the collection(s) of medical literature used by the students and overall comments on the curriculum followed by the recommendation regarding approval.

MLA's philosophy was that judgments about both the desired content of academic study for health sciences librarianship and about the quality of offered courses were best made by health sciences librarians. ALA's standards said nothing about the specifics of education for special kinds of librarianship, nor do they now, and its COA teams did not – and do not – usually include health sciences librarians. It was also MLA's philosophy that educational standards are closely related to other professional standards, especially those of individual certification, and that, taken together, the standards provide assurance to employers about the quality of those they employ. For this reason the committee responsible for the promulgation and implementation of educational standards was originally a structural part of the Association's Committee on Standards for Medical Librarianship.[20] For the same reason the committee which implemented the standards for the education of health sciences librarians also implemented the examination for certification.

The arguments favoring COA accreditation are those of totality of educational programs and existence of a process that is accepted both within and beyond our own profession. The arguments against accreditation of health sciences library educational programs by COA stem from the lack of standards that are specifically relevant, and the parts of the process that would be difficult to administer and thus likely to be overlooked or compromised. The latter are essentially (a) the timing of site visits to coincide with the offering of health sciences library courses; (b) the inclusion of knowledgeable health sciences librarians in the evaluation of relevant parts of the curriculum; and (c) the weight given to an unacceptable health sciences library program or course when the specific components of the COA standards are judged acceptable.

Very few people in MLA – and none at all in the graduate library schools – lamented the end of MLA's site visits. Questions have continued to be raised, however, about the characteristics of what is being taught as health sciences librarianship, who is doing the teaching and how, who should control admission to courses and on what criteria, and related questions. Teachers, administrator/employers of health sciences librarians, and recently graduated students alike talk about improving the quality of the education. How are we to do so, lacking standards?

Alternatives to Standards and Accreditation

Given COA's disinterest in specific evaluation of the components of library education labelled "specializations" and MLA's interest in the specifics of education for health sciences librarianship, it seems appropriate to consider the potential for alternatives to standards and accreditation. Are there other ways to bring about the desired improvement in the quality of the educational product? To me, any viable alternative has to be some form of *de facto* standards, and several possibilities come to mind.

Certification of the individual who has experienced the education is sometimes utilized as an alternative to accreditation of the institution. In MLA's first systematic efforts to ensure quality, certification was coordinated with evaluation of courses. As stated earlier, the same committee implemented accreditation procedures for institutions and certification examinations for individuals. The examinations covered the same bodies of knowledge designated as "standard" for institutional courses, and those who successfully passed approved courses were automatically certified. Those who were unable to take courses were advised to study the same bodies of knowledge for the examination. At the present time there is less relationship between institutional courses and individual certification. There are no standards, no approved courses, and the nature of the certification examination has become one of demonstration of competent performance as a health sciences librarian – by definition and philosophy different from mastery of a "body of knowledge." Can the present certification examination become an influence for quality in the education and in the product of the education? Certainly, but only if there is more coordination between the examination writers and the teachers. There is now only *pro forma* coordination through the inclusion of a few teacher-representatives on the examination preparation team, and no open communication between the team and other teachers. In short, certification could be an alternative to standards/accreditation, but at the present it is not.

Another alternative might be fully developed statements of performance objectives and criteria of acceptable performance for entrants to the field of health sciences librarianship. If such existed, and if it were closely aligned with the requirements of the certification examination, it would undoubtedly exert considerable influence on the content of courses in the graduate library schools. And if – a big if – the performance objectives were sufficiently explicit as to what constitutes excellence in performance, the education designed to achieve those objectives might well be improved. Demand from students who wish to be certified could exert pressures on the schools comparable to those related to the enforcement of standards by accrediting agencies.

The embodiment of the core of specialized knowledge of health sciences librarianship in one or more textbooks (and/or related teaching materials) might also serve as an alternative to standards/accreditation. A good textbook, kept up to date, not only defines and updates a body of knowledge, but presents it in a systematic way, designed for ease in learning. Thus, the textbook does some of the professor's work for him or her, perhaps better than it would otherwise be done. In lending this support in all schools which adopt the text, it becomes the standard for content, presentation and to some extent, teaching/learning methodologies.

Any one of these three alternatives to standards/accreditation – the certification examination, performance objectives, textbooks – could be a viable way to achieve MLA's desired improvement of graduate education for health sciences librarians. Each has a valuable potential in its own right also, with or without the existence of standards and an accreditation process.

Factors for Making a Decision about MLA Educational Standards

MLA's interest in educational standards has been stated repeatedly: to ensure that well-qualified people are prepared to perform effectively in entry-level positions in health sciences libraries. In some instances standards might mean an improvement in the education now available and therefore in the products of the education. Overall, adherence to standards would mean that certain bodies of knowledge would be held by all those entering the field from course work, or that those who conclude the educational requirement would be able to perform entry-level tasks at about the same given level of competency. There is no way that I can imagine that anyone can control or ensure the knowledge of those who do not elect to take the relevant courses in library school, or those who enter health sciences librarianship without any course work in library science.

To achieve the desired result MLA would have to underwrite the preparation of the standards and/or performance objectives and criteria. Carried out as other MLA work is, by committee, and submitted to discussion of the membership, it would seem that standards or performance objectives could be prepared without extravagant cost in money. It would probably take several years in time and – to be of continuing validity – the standards would have to be reviewed at regular intervals.

In comparison with their potential value, standards (or a statement of objectives) would cost a library school little, perhaps something if a member of the faculty were a member of the

committee to prepare the document. Implementing standards might cost a school more, if its present courses were sadly deficient, and if expenses ran high to meet the standards. If neither dollar nor time costs are excessive and the value to be derived from having standards is high, there seems to be no argument against developing them.

Conclusion: Opinions, Preferences

Since by definition accreditation is based on and can only proceed from a statement of standards, we now have no valid accreditation *of specializations* by COA. The statement that COA through its visitation teams "examines each of the component factors" of a library school is meaningless in relation to education for the specializations. How do they examine? On the basis of what evidence? Using what criteria? Criteria arrived at by what process and acceptable to whom? MLA is being misled if it accepts an "examination of the components" of a library school's total operation as anything like the control which it exercised under its minimum standards. Furthermore, COA has no mechanism for disapproving a single component. If the majority of components is acceptable, even outstanding, this is no guarantee of quality in a single subsection of the whole, especially a single course probably taught by an adjunct faculty member for a very small proportion of the total student population. This is not to say that either the schools or COA is uninterested in the quality of that single course (or short sequence of courses) labelled "health sciences." It is simply to say that without standards, no meaningful evaluation can be made. It is also my opinion that, for a variety of reasons, COA does not want to open the Pandora's box of evaluating courses for the specializations.

But whether COA chooses to use them or not, my preference is for educational standards, specifically, for planning standards. I feel that MLA can and should exert leadership to improve education for health sciences librarianship by carrying out the following tasks:

1) Using the committee or task force approach, MLA should prepare educational standards that cover (a) qualifications of faculty, (b) bodies of knowledge that constitute the desired curriculum, (c) qualifications of students vis a vis the job market in different types of health sciences libraries, or for giving information service from the literature of the health sciences in general libraries, (d) resources and/or special facilities needed for study of health sciences librarianship, (e) relationships between health sciences adjunct faculty and the full-time faculty of the school, and (f) relationships between faculty and students, in addition to classroom relationships, specifically counseling and career development.

2) MLA should direct the preparation of a statement of the specific performance objectives, including criteria of acceptable performance, which the examination is designed to test. (Note that this is *not* the same as the test questions.) Such a statement would have considerable value to the schools, with or without planning standards. I personally do not believe, however, that all desirable objectives of "quality" education can be stated as performance objectives, and therefore I would like to see both performance objectives and planning standards.

3) It is also, in my opinion, time for MLA to sponsor some needed texts and teaching materials for the study of health sciences librarianship. These do not have to be "official," with all the problems of attaining agreement on content. Rather they should be excellent statements, personal yet objective, authorities in their own right. As teaching materials they should reinforce and extend each other rather than duplicate. Notice that I am using the plural. A single gigantic encyclopedia is not what I envision; rather a short shelf of volumes and/or media, not necessarily mutually exclusive, to define and elucidate our knowledge, procedures, attitudes and beliefs. Such a resource would improve any teaching/learning situation.

Finally, I would like to see COA carry out the accreditation function for all specializations – with standards provided by different appropriate bodies within the total profession, and with appropriate modifications of its procedures. I've indicated that I don't think this will happen in the near future. Nevertheless, I think the MLA should stay out of the accrediting business. There are simply too many arguments against it, the principal ones being cost and the fact that the Council on Post-Secondary Education would not accept MLA as an accrediting agency. Even without accreditation MLA can fulfill a needed leadership role in health sciences librarianship by providing a combination of planning standards, performance objectives and criteria, and teaching materials. Such a "package" would combine to offer guidance to the schools and to provide greater means than are presently available to improve the quality of education for health sciences librarianship. Nobody goes into an educational program to provide poor education; the graduate schools would utilize this guidance.

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3. Winslow R. Hatch, *What Standards Do We Raise?* Washington: U.S. Dept. of Health, Education and Welfare, Office of Education, 1963; Southern Association of Colleges and Schools, *Standards of the College Delegate Assembly,* Atlanta: The Commission on Colleges, 1977; various articles on professional education and accreditation in *The Encyclopedia of Education, op. cit.*

4. Blauch, Lloyd E., ed. *Accreditation in Higher Education.* Washington: U. S. Department of Health, Education and Welfare, 1959. p. 3.

5. *Ibid.*

6. *Ibid.*, p. 4.

7. The *Oxford English Dictionary* lists 36; *Webster's Collegiate,* 8, according to James O. Wallace, "The Practical Meaning of Library Standards," in Irene B. Hoadley and Alice S. Clark, eds. *Quantitative Methods in Librarianship: Standards, Research, Management.* Greenwood, 1972. p. 31.

8. Wallace, James O. "The History and Philosophy of Library Standards," in Hoadley and Clark, *op. cit.*, p. 40.

9. By identifying personnel standards as a separate type Wallace arrived at four types. I feel that personnel is so integral a subsystem in any institution that personnel standards should be included in institutional standards, and I consider them to be so in my discussion.

10. Personal Communication from Russell E. Bidlack, April 6, 1979.

11. American Library Association. Committee on Accreditation, *Standards for Accreditation.* Chicago: American Library Association, 1971.

12. *Standards, op. cit.*, p. 3.

13. *Ibid.*

14. *Ibid.*

15. Marshall, Mary Louise. Report of the Training Committee. *Bulletin of the Medical Library Association* 36 (1948), 290-294.

16. Medical Library Association. Minimum Standards for the Training of Medical Librarians (Adopted June 6, 1958). Mimeographed, 1964. The copy in my files bears the hand annotation "Revised 1959, 1962." A copy of the document is attached as Appendix I.

17. Annual reports of the Committee on Standards for Medical Librarianship and the Subcommittee (later Committee) on Curriculum, *Bulletin of the MLA* 1958-1974. It is not clear in the annual reports exactly when the site visits ceased. The 1972/73 Committee reported visits and reported the publication of an "approved list." (*Bulletin* 62, 1974, 218-219) No visits were reported by the 1975/76 Committee, which reported the dissemination of information about available medical library educational programs and courses. (*Bulletin* 63, 1975, 441)

18. MLA. Minimum Standards . . . *op. cit.* leaf 2.

19. "Surveys of Course in Medical Librarianship." Typewritten copy in my files, no date. A copy is attached as Appendix II.

20. MLA. Minimum Standards . . . *op. cit.* leaf 1.

MEDICAL LIBRARY ASSOCIATION

MINIMUM STANDARDS FOR THE TRAINING OF MEDICAL LIBRARIANS
(Adopted June 6, 1958) Revised, 1959, 1962

I. Introduction

1. The Subcommittee on Curriculum and the Committee on Standards for Medical Librarianship of the Medical Library Association are directly concerned in the training of medical librarians, as established at the 47th Annual Meeting of the Medical Library Association, 1948. (*Bulletin of the Medical Library Association* 36:288-295, October 1948). The Subcommittee on Curriculum establishes criteria and recommends approval of courses for medical librarianship subject to the concurrence of the Committee on Standards for Medical Librarianship.

2. A description of the course in Medical Librarianship, the curriculum, syllabus and qualifications of the instructor shall be made available to the Subcommittee on Curriculum at least two months before the beginning of the course if approval is desired during the current year. One copy shall be furnished for each member of the Subcommittee (4). Approval will be granted after the course has been in operation and a survey made by a duly appointed representative or representatives of the Subcommittee on Curriculum.

3. Re-evaluation of approved courses shall be made every 5 years. More frequent evaluations may be made when 1) there are any substantial changes made in the courses or curriculum, 2) upon request of the library schools offering the courses in medical librarianship, or 3) upon recommendation of the Committee on Standards for Medical Librarianship. The Vice-President (President-Elect) and the Committee on Standards for Medical Librarianship shall be notified when such surveys are to be made and who the Subcommittee appointees to make the survey shall be.

4. The following standards provide for a basic program of education for medical librarianship, and should be revised as frequently as may be necessary to reflect changing conditions and trends in medical librarianship.

II. Organization and Administration

5. Approval will be considered for only those courses in medical librarianship which are offered by a library school accredited by the American Library Association.

6. The courses shall be developed in schools where there is in the same area an adequate medical library containing the basic reference tools, textbooks, and periodicals in the fields of medicine and the allied sciences.

7. No course in medical librarianship offered by correspondence study shall be approved.

III. Faculty

8. The instructor of the courses in medical librarianship shall be either 1) a Medical Library Association member, or 2) a subject specialist in medicine or biological sciences knowledgeable in medical bibliography. He, or she, should meet the qualifications specified for *Faculty* by the American Library Association in the "Standards for Accreditation": "The faculty shall be adequate in number, authority, and competence to determine and to carry out a program designed to achieve the objectives stated in these standards and other objectives of the library school."

9. Visiting lecturers from the medical profession and allied sciences are recommended to acquaint the students with the various specialties in medicine and their terminologies.

IV. Admission Requirements

10. Students will meet the requirements of the schools offering the courses. It is considered important that students have a reading knowledge of at least one modern foreign language.

V. Curriculum

11. The training should develop professional librarians trained in the fundamental principles and processes of medical libraries, should stress understanding and ability to apply basic principles and methods, and should be aware of current trends in medical libraries and medical librarianship, and professional standards. Conferences of the students with the instructors should be arranged in order to help each student realize his potentialities.

12. The course shall include instruction in:

    a) Medical library organization and administration, functions and services 1) by subject (e.g. dental, medical, nursing, pharmaceutical, public health, psychiatric, etc.); 2) by type (e.g. medical school, medical society, research institution, hospital, veterans, etc.).
    b) Medical books and periodicals: selection, acquisition, cataloging classification, preservation, etc.
    c) Medical bibliography and reference work, including terminology, with special emphasis on serial publications. Inclusion of government documents and audiovisual materials is recommended.
    d) Rare books and the history of medicine.

13. It is recommended that the curriculum be augmented by visits to nearby medical and scientific libraries and by preparation of a term paper or comprehensive bibliography on a suitable subject which will require a survey of the literature.

VI. Admission to the Approved List

14. Application for approval of a course in medical librarianship should be made to the Subcommittee on Curriculum for recommendation to the Committee on Standards for Medical Librarianship.

15. Approval of any course not being maintained in accordance with the above criteria may be revoked by order of the Committee on Standards for Medical Librarianship upon recommendation of the Subcommittee on Curriculum.

16. Whenever an approved course has not been offered for a period of 3 consecutive years, approval is automatically withdrawn. At any time that the course is re-established application must be made for re-evaluation and approval.

May 30, 1964

MEDICAL LIBRARY ASSOCIATION **SUBCOMMITTEE ON CURRICULUM**

SURVEY OF COURSE IN MEDICAL LIBRARIANSHIP

Note: 4 copies of all material are required.

Part I

Name and location of library school offering the course:

Name of course:

Dates of course:

If course has been approved previously, please indicate:

Date of most recent approval:

Name of instructor(s) at that time:

Present instructor(s) (if more than two, please use second sheet):

Name:

Name of college:

Degree:

Date:

Name of library school:

Degree:

Date:

MLA Certification Grade:

Date:

Present position:

Name:

Name of college:

Degree:

Date:

Name of library school:

Degree:

Date:

MLA Certification Grade:

Date:

Present position:

Detailed *curriculum vitae* is requested, including experience in medical and/or science libraries and in teaching. (Please attach.)

SURVEY OF COURSE IN MEDICAL LIBRARIANSHIP (Continued)

Part II Course Description

(to be completed by instructor(s) (4 copies required)

Number of lecture hours:

Number of "laboratory" hours:

Number of credit hours:

Number of hours for field trips:

List specific visits scheduled to medical and scientific libraries:

Visiting lecturers:

Name	Degree	Position or Specialty

Are conferences arranged between the instructor and the individual student?

Is a final examination given?

Describe term paper or special project assigned to students:

Please indicate % of total course time scheduled for:

Medical Library profession and the history of medical libraries.

Organization and administration of medical libraries (including various types of medical libraries).

Bibliography and reference work.

Rare books and the history of medicine.

Technical processes

classification and cataloging (various systems of medical classification)

acquisition

serials

binding

other

SURVEY OF COURSE IN MEDICAL LIBRARIANSHIP (Continued)

Current research and developments in medical librarianship (e.g. machine literature searching; use of computers, etc.)

Others (Please specify)

Part III (to be answered by instructor[s])

Please describe goals of the course:

What level of competence do you expect the students to achieve?

Part III Student Data (to be completed by the student)

The following information is requested for each student enrolled in the course:

Name: Age:

College education:

Degree: Date:

Library school education:

Degree: Date:

Foreign language skills:

	Reading			Writing		
	Good	Satisfactory	Poor	Good	Satisfactory	Poor
French						
German						
Russian						
Spanish						
Other						

SURVEY OF COURSE IN MEDICAL LIBRARIANSHIP (Continued

Library experience:

Basis for admission to medical library course:

graduate auditor

special other

Interest in Medical Library Association certification:

Yes _____ No _____

Recipient of MLA Scholarship:

Yes _____ No _____

Part IV (to be completed by person making the survey)

Describe the quality of the collection available to students, location and accessibility for students: (e.g. latest editions of standard reference tools; representative literature from other countries; reference tools of languages other than English)

(If more than one collection is used, please specify names and location of other libraries)

Comments:

Recommendation for approval:

Signature of person making the survey:

Date of survey:

RESPONDENT'S COMMENTS – POSITION PAPER ONE

Standards for Graduate Education Programs in Health Sciences Librarianship

Respondent: Robert Braude

In her keynote address, Dr. Brodman identified several areas of interest; among them was education for the future generations. I would like to describe one view of that future which I came across in a current magazine. The author of the article was describing future exploitation of space and used the term "complexity inversion." This term describes the concept of locating, in space, the bulky components of various services and utilizing the services via remote connections from earth. He cites as an example using space for the storage of information, now occupying large buildings and located in schools, homes, etc. In this way the storage requirements are no longer the primary concern but rather the transmission requirements are. My reason for mentioning this is to pose the question, how do library schools develop standards or guidelines for educating students for this prediction of information delivery?

Dr. Zachert has identified several points that are worth further elaboration. I will highlight them to refresh your memory. Starting with the purpose of standards she describes different types of standards. Of these types, I believe planning standards are the ones to develop. Dr. Zachert also raises the issue of accreditation and the present circumstance where, due to action by MLA, we now have no valid accreditation of specialty courses.

Dr. Zachert concludes with a list of recommendations. These are 1) to have MLA prepare educational standards; 2) to obtain a list of performance objectives which the new certification examination is designed to test; and 3) for MLA to sponsor the development or teaching materials for the study of health sciences librarianship.

While all of these issues and recommendations raised by the paper are valid, I believe we need to add one more to the list. I would suggest that we examine the group who will be subject to the standards that are eventually developed. The question of selection of students, whom are we attracting to health sciences librarianship and why, is one which I feel is of major importance perhaps even preceding the questions of the type of education they will receive.

GROUP DISCUSSIONS AND RECOMMENDATIONS

The group discussions for this topic fall into three distinct but often related areas: 1) The need for criteria, guidelines or standards; 2) Recruitment; and 3) The employer's perspective. Comments have been grouped by each of these areas.

Discussion comments represent the thinking of the various individual discussion groups and should not be viewed as forming a continuous dialog. These comments have been selected, edited, and in some cases, combined.

The Need for Criteria, Guidelines or Standards

Which segment of the profession has the responsibility for setting standards or guidelines? Is the American Library Association's Committee on Accreditation (COA) better or worse than having a specialized group for accrediting specializations within librarianship?

There appears to be a question between having standards for health sciences librarianship programs and having informal criteria. And we could have either, but then how does one get them accepted by library schools?

In fact, there have been individual cases of bad courses in health sciences librarianship because of the lack of attention to this specialization in the accreditation process and this is a problem for the profession.

The main idea is to determine what type of mechanism will be best suited to providing some kind of control over the content and quality of health sciences librarianship education. There has been talk of formal and informal criteria which would include guidelines and standards. If these criteria are informal, then one would want some mechanism of at least notifying prospective employers and professional associations of what a given school is teaching in its courses. This would be necessary in order to check the school's use or non-use of the guidelines.

Perhaps it was a mistake for the Medical Library Association (MLA) to get out of the accreditation of individual courses in health sciences librarianship. By turning this over to COA, it may be that a superb library school program receives accreditation from COA, but has a terrible course in the field of health sciences librarianship. You might also find the reverse in which there is an excellent health sciences librarianship course in a mediocre program.

It is necessary to have some criteria with respect to the qualifications of an individual who teaches a course in health sciences librarianship because of the fact that there is no accreditation of individual courses. Individuals in the profession, therefore, have the responsibility to exercise some quality control over the individual courses. Criteria established by MLA are needed so that schools can use them as a checklist or something of that sort as long as the Association is not in the accreditation business.

A realistic set of standards is needed for students so that they know what it is they will get out of a course in health sciences librarianship and so they know what they will be qualified to do or pass themselves off as capable of doing when they have completed the program.

Another approach to this is the one mentioned in the position paper. This centers around the idea of working towards standardization through the development of textbooks. This is something that would be immediately useful to students and to practitioners.

There is the need to consider the alternatives that are available to the profession now while we are in the process of trying to develop and implement some long-range goals. What can be done to aid in student selection and to make the product of the health sciences librarianship better? What is possible in working directly with COA? One alternative is to get as many health sciences librarians as possible involved in the accreditation process. This means becoming a part of the COA teams which is the only immediate avenue open to having an affect on the accreditation process. Even if this is possible, what is the health sciences librarian on the team going to use in order to evaluate a given program? We still have the need to develop our own standards or guidelines.

COA should have a member of the health sciences community on the team if the school being accredited is going to have a health sciences librarianship program.

Recruitment of the Best Candidates to the Field

How many people do you know that applied to library school and were turned down because they weren't a suitable candidate? None. Is such a policy sufficient even for the next five years? Would you want to go on this way, taking anybody who just knocks on the door?

After receiving their degrees, people should be prepared to move into the future and not be the kind who are waiting for the future to hit them. They have to have the initiative to institute the change. Libraries are at this point in development and they have to change. What we need are people who can move into the future types of jobs. We also need people who can get our libraries moving to keep up with what needs to be done in information transfer.

In four or five years time you are going to have a new ball park for health sciences librarians. They are going to be working in the public libraries and I know several who already are. The idea is that health sciences librarians will be the ones with the knowledge and expertise to provide health information services directly to the public.

Individuals who are being trained now must be able to function as change agents in existing libraries. Changes are occurring in the total complex involving the consumer, manager, and provider of health care, as well as in information technology. We must train individuals to function outside the traditional medical library structure and to assume new and non-traditional roles in the information economy.

The Medical Library Association should take on the responsibility of recruiting more actively for potential selection emphasizing quality, ability, and commitment of those being attracted to the profession.

You need to achieve early selection of librarianship by potential recruits. This goes back at least as far as allowing for undergraduate specialization. Such specialization would assist in the development of special librarians without requiring a specialized library school curriculum. In other words, if you have students in library school who are history majors you wouldn't have to have much in the way of course work on librarianship as it relates to history. In the same way, students with a biology degree wouldn't have to spend a lot of time on a health sciences librarianship curriculum.

One problem is that library schools don't recruit in the sense that other professional schools have recruited. How can library schools generate the aura of magnetism that would draw students to them the way that medical schools draw students. We have to do it by new technology. If we can pinpoint and promote the fact that new technology is communication oriented and communication based and that this is where the big money will be in the year 2000, then we may be able to attract the applicants we want. In the 1950's they told us that the big money would be in engineering and it was. Fifteen years later you had more engineers than you could deal with. We have to sell the student population that there is big money in information handling.

The professional organization can play a variety of roles in aiding schools in the recruitment process. Schools probably are not themselves well equipped to do the recruiting. They are spread out and each one represents its own interests while an association represents a broad sector.

The Perspective of the Employer

As employers it's hard to say whether or not we are getting people into the profession who can face the big challenges of the future.

This gets back to the point about cosmic style. Are we drawing people in for a basically concrete and practically oriented profession only to find that they will never advance beyond that? Or are we drawing in a certain percentage of people who are cosmically abstract to some extent?

We want to emphasize that library schools should be looking for quality, ability, and commitment. We recognize that commitment is a joint responsibility because, as employers, we have to say to individuals who come to us that we expect more than just showing up for work everyday.

If we can assume that the vast majority of students enrolled in library school programs meet a certain level of intellectual performance, then that would make it a lot easier for employers. As it now stands, employers do tend to say that people from X library school are usually pretty good and those from Y library school are usually not so good.

When computers started being applied to libraries, the library schools developed computer courses instead of requiring that you needed courses in computer science to get into library school. Library schools developed their own courses. They have gone about this in the wrong way.

Recommendations

That criteria be formulated regarding the content of health sciences librarianship curricula and the qualifications of individuals teaching courses in health sciences librarianship.

That performance objectives be established to accompany curricula guidelines. Without these objectives, the guidelines would be lacking controls and of little value.

That each library school establish its own goals and objectives with regard to health sciences librarianship and relate these to the curriculum and the capabilities of the school. The Committee on Accreditation is the means of assessing the quality of these factors and health sciences librarians should be active members of accreditation teams for schools with health sciences librarianship curricula.

That the roles of various groups concerned with the education process (schools, associations, employers, individuals) be clarified. Goals and expectations between health sciences librarianship educators and practitioners in the field also need clarification.

That MLA not return to the accrediting business, but instead formulate guidelines whose adoption will insure quality programs in health sciences librarianship.

That there be more effective communication between the Medical Library Association and the library education community.

That guidelines developed also be viewed from the employers' standpoint with regard to minimum performance expected by the time of graduation. Attention needs to be given to pre-librarianship counseling and careful course planning.

That MLA, employers of health sciences librarians, and library school educators actively recruit for the profession emphasizing quality, ability, and commitment. There is a need to attract the scientist/philosopher and other types which we might be able to identify if we were to study the cognitive styles of those who are already successful in the profession.

That textbook and workbook materials be developed as a means of standardization to convey the practice of health sciences librarianship.

POSITION PAPER TWO

THE PLACE OF SPECIALIZATION IN THE MASTER'S DEGREE PROGRAM

Russell E. Bidlack

When Robert Berk wrote to me last September asking that I prepare a position paper on the relationship between the portion of a library school's curriculum dealing with health sciences librarianship and the entire master's degree curriculum, he provided a list of questions to which the paper should respond. The first of these was: "What is the place of education for specialized types of librarianship within the master's degree program?" This, it seems to me, is the central question that overarches the more specific question pertaining to health sciences librarianship and forms, I believe, the appropriate title for my remarks.

Dr. Berk also posed four other questions:

> What would be useful to schools with health sciences librarianship courses or those contemplating them in terms of guidelines or advice, standardizations, etc.?
>
> How are master's programs "put together"?
>
> What are core requirements, electives, and other options available to planners of programs?
>
> What is the future of the integrated core, self-paced instruction, two-year master's programs?

These are formidable questions, and as one who has frequent occasion to doubt his ability to respond wisely to formidable questions, I sought assistance from a number of other heads of library schools across the country. Their response was most generous, and if this paper proves to have any merit, the credit must go to my decanal friends.

In approaching any topic it is well to define one's terms. When library school catalogs refer to "specializations" within their programs, what do they mean? Very often these involve no more than three or four courses, sometimes only a couple, in such areas as music librarianship, law librarianship, archival administration, the school library media field, and, yes, health sciences librarianship. As the term "specialization" suggests, the individual who specializes presumably becomes a specialist. Can a student in a master's degree program requiring only a year, or even two years, of study be graduated from that program as a "specialist" in, say, health sciences librarianship? Would any other professional school label a three-course concentration in its curriculum as comprising a "specialization"?

Roy Stokes, director of the University of British Columbia's School of Librarianship, has:

> always objected to the use of the word specialization within an M.L.S. programme because I think there is no time to develop a specialisation in the true sense of the word. Even with a two-year programme I feel that real specialisation cannot take place. We use the term so often and I am afraid that we have begun to debase [it] as

> we have already debased the term "research." . . . ours is a general programme and we try to keep it that way. But even when a school offers three or four different routes towards various "specialisations," I still feel that none of them is, or can be, a specialisation in the best sense of the word. I do think, however, that there can be areas of concentration which allow a student to get a little further below the surface in studies and also can indicate to a possible future employer that there is a strongly developed area of interest.

Richard Darling, dean of the School of Library Service at Columbia University, is also bothered by the word "specialization":

> We have tried to identify specializations within our curriculum, which we call "Suggested Programs of Study". . . I really doubt that we could create true specialists even in a two-year program, but we can give our students sufficient information about specialization and an introduction to those we have facilities and staff to support.

Another alternative term is suggested by Elizabeth Rupert, dean of the School of Library Media and Information Science at Clarion State College:

> It is my personal feeling that there is opportunity in the one-year master's program for building courses around an area of interest but not for development of high level specialization.

F. William Summers, dean of the College of Librarianship at the University of South Carolina, is also bothered by "specialization" and suggests that "one specific focus within the degree program" would be a preferred term except "in the area of school media services which, because of specific certification standards, is a very specific and well developed speciality." Summers continues:

> I have reached the view that specialization should be seen as providing an entry level orientation to a particular type of library and a particular function within a library and that beyond that the students should anticipate spending another year in further study to develop a detailed specialization. In other words I would see specialization as being a two-stage process. An initial program similar to the present master's program, followed by a period of experience, approximately three years, and a second year of graduate study to develop an in-depth specialization. . . . I believe specialization should only take place after the student has had a sound basis in practice and has developed an understanding of the field and a precise rationale for the speciality.

The view of Robert Stueart, dean of the School of Library Science at Simmons College, is similar to that of Dean Summers. He believes:

> that development of specialization should come in the form of formal (i.e., degree) or informal (i.e., institute, workshop) continuing education. I think in most cases it's only after individuals get out and work for awhile that they identify the areas they are interested in. . . . Having said that, I do believe that we have an obligation to offer several types of library courses for students.

Ira Harris, dean of the Graduate School of Library Studies at the University of Hawaii at Manoa, reminds us that specialization may require advanced study beyond the master's degree in library science:

> I have the impression that the need for people who can combine two professions may be on the increase. Locally we have a few simple and obvious examples: new certification regulations for school librarians in Hawaii have restored the requirement that school librarians hold a valid teaching certificate; a second master's degree in a relevant subject field is now expected of academic librarians; special librarians with appropriate supplementary background (law, music, geology, whatever) seem to be more sought after than formerly.

Despite the rather vigorously expressed views quoted above, by no means do all library school deans and directors question the use of the term and the place of specialization in a fifth-year program. For example, Edward P. Miller, dean of the School of Library and Informational Science, University of Missouri, Columbia, believes "that education for specialized types of librarianship has a very important and integral part within the context of the basic master's degree program." Jean Lowrie, director of the School of Librarianship, Western Michigan University, believes:

> that there is a place for specialized types of librarianship within the basic master's degree program. . . . I think that it is also important to have programs flexible enough so that students who wish to mix a variety of kinds of library services together can do so and not be stymied by "type of organization" or the curriculum. . . . The obvious need for students to be able to look at esoteric aspects of library service or even moving out and creating interesting positions of their own which are relevant to information services and retrieval makes it necessary for us to allow for in-depth study of a variety of types of library service both by type of library and by kind of service.

Mohammed Aman, dean of the Palmer Graduate Library School of Long Island University, prefers "concentration" to "specialization," noting that "no matter how much we do to design a meaningful sequence of courses to enable a student to gain competency in a particular area of librarianship, she/he is not a specialist." If "concentration" can be substituted for "specialization", however, Dean Aman believes that:

> education leading to the Master's degree in Library Science can become more meaningful if an area of concentration is pursued and some related courses are taken instead of random selection of courses based on non-academic factors. . . . *Specialization* will come later as a result of on-the-job training, continuing formal and informal education, contacts with fellow professionals and subject specialists, and participation in professional activities and the associations.

While Dean Stokes doubts that specialization is possible in even a two-year program, a number of deans and directors believe that *only* in a two-year program can specialization be introduced. The view of Timothy Sineath, dean of the University of Kentucky's College of Library Science, is typical:

> In my opinion, one year is not enough time or preparation for a general professional education, much less a specialty. Therefore, it seems educationally unsound to attempt specialization within the first master's degree of one year in length. It is less a matter of how many courses one can offer in a specialized area, but more a matter of specialization at the expense of broad underpinning preparation.
>
> It seems to me that a two-year (48 semester hours) master's is a natural for specialization, as well as for general preparation.

Dean Harris, quoted earlier, has written:

> We become more desperate every year trying to cram in everything that we feel new graduates need to know. It seems to me that the question of a need for a two-year program is all but settled, and now it is only a matter of timing and courage.

The first library school in the U. S. to introduce a two-year curriculum leading to the master's degree was the Graduate School of Library and Information Science at U.C.L.A. The dean there, Robert M. Hayes, recalls:

> We decided that education for specialized types of librarianship was a crucial part of the basic master's degree program. In fact, this view was one of the major considerations in our decision to go to the two-year master's program. . . . My own view is that, while we require all students to have the basic competencies, we should also require that they have a deep knowledge in some specific field. . . . The result [of UCLA's two-year program with its internship] has been a rapidly increasing proportion of our graduates going into special libraries and into areas of special competency in general libraries. I think that's clear evidence that education for specialized types of librarianship is a most desirable part of the basic master's program.

Peter Hiatt, director of the School of Librarianship at the University of Washington, where the establishment of a two-year master's program has been only recently announced, reports:

> One of the reasons we have moved to a two-year program was so that students could have more in-depth preparation in several areas. I hesitate to call these specializations, but have been unable to find a better word. Our current specializations ("areas of concentration"), school and law librarianship, are relatively traditional. The next two on our agenda for development are archival management and health sciences librarianship. However, my hope would be that we could move toward a master's in health sciences librarianship somewhat parallel to our Master of Law Librarianship [which] requires a JD for admittance. . . . Whether we should require any particular degree or special background for Health Sciences Librarianship is not something we've looked at.

Perhaps it should be noted here that only two library schools with ALA accreditation presently offer separate degrees representing specialization, the University of Washington and the University of Denver. Each of these is in the area of law librarianship.

As the two-year curriculum has been discussed and debated in recent years, those of us whose library degrees date back thirty years or more remind our more youthful colleagues that there was a time when the master's degree in librarianship represented, in effect, two years of study. At the University of Michigan, for example, between 1930 and 1948, even though the possession of a bachelor's degree was a prerequisite for admission to the program, the library degree earned at the end of one year of successful study was a second bachelor's degree, the A.B.L.S. (I recall how distressed some members of my class [1947] were when they realized that they were not considered graduate students.) To become a graduate student, one had to be admitted to the A.M.L.S. degree program, which was a second-year program. While library experience between the two degrees was not required, it was strongly recommended. Furthermore, to enter the second degree program in library science required genuine commitment to a professional career, a fact recognized by one's employer as well as oneself. At Michigan, 65 percent of those who earned the A.B.L.S. degree subsequently went on for the A.M.L.S. degree.

Unfortunately, library school faculties were not sufficiently large during this period to provide the specialized education at the second-year (master's) level that was desirable, but at Michigan half of one's course work during this second year could be cognate. While this did not provide a specialization in librarianship, it did enable one to specialize in a subject area at the graduate level.

In 1947, the University of Denver introduced a single one-year graduate program leading to the master's degree in librarianship. Known as the "Denver Plan," it was promptly adopted by other major library schools of the time and led to the quick abandonment of the "second bachelor's degree" in library science. The one-year master's degree now represented the first professional degree in library science. Some of our Canadian colleagues recognized better than we the value of what we had had and clung for many years to the concept that graduate work should follow undergraduate preparation. Had the "Denver Plan" never been introduced, specialization in the master's program would have a very different meaning today.

When, prior to the late 1940's, study at the graduate level in library science was preceded by a fifth-year undergraduate program, the length of the master's course was typically an academic year, i.e., two semesters (or three quarters) for the full-time student. With the introduction of the "Denver Plan," it was assumed that some credit hours would be added and the courses themselves upgraded. In many instances, the total was increased to include a summer session. This usually totaled 30 semester hours, although in some library schools it became 36 and even 40 hours. The number of hours required for the degree is rather meaningless, however, until one knows the number of hours that are considered by the school to constitute a full-time student load. If the typical student is able to complete a 40-hour program in one school at the same rate of speed and with the same degree of effort as he could complete a 30-hour program in another school, the 40-hour program is probably no more demanding, or rewarding, than the 30-hour. The typical master's degree program in library science today is designed to be completed by a full-time student in one calendar year, which usually consists of two semesters (or three quarters) plus a summer session, or, perhaps, two summer sessions. At Michigan, where we have a trimester calendar, our 36-hour program can also be completed in one calendar year, but each of Michigan's trimesters is the length of the typical semester at many universities – there are no leisurely blocks of time between trimesters.

It should be kept in mind as we consider the place of specialization in the master's program that library schools introducing a two-year program are not necessarily doubling the length of the program. "Two years" are being considered as two academic years comprising a total of four semesters. To double the length of Michigan's present program would extend it to *six* trimesters. In other words, there may not be much opportunity to specialize in a two-year program (four semesters or six quarters) as might appear at first glance.

As library schools consider expanding their master's degree programs, whether to permit greater opportunity for specialization or simply to strengthen the basics, tuition and other costs to students must be taken into account. A no more startling statistic in library education can be found than the comparative tuition costs of the master's degree among the library schools on the American Library Association's accredited list. (Many of us who find ourselves in the very expensive universities would not exactly welcome the publication of such figures for prospective students.) An informal survey last year among eighteen library schools across the country revealed that the total tuition expense for a full-time student to complete the master's degree varied from a low of $537 to a high of $6,450! For state schools there is, of course, a considerable difference between resident and non-resident tuition rates. During 1978-79, the out-of-state student at Michigan who completes the A.M.L.S. degree in three trimesters, is paying a total of $5,700 in tuition. When one adds room and board, plus all the other expenses involved in living for a year away from home, the cost of the degree mounts to at least $9,000. For this investment the new graduate will probably receive a first-year's salary of about $11,000. If Michigan were to consider lengthening its program, we would have to ask ourselves if we would not price ourselves out of the market for out-of-state students. There is bound to be some relationship between what a student is willing to pay for a professional education and the salary that he will receive on his first job.

An increasing number of library school students attend part-time, usually for financial reasons – they have part-time jobs to help pay the bills. For most schools the part-time student is not new, but the proportion of part-timers is becoming greater and the total student credit hours produced by the school thus becomes smaller per term, which may have budgetary implications for the school. For the student, however, who is gaining library experience through part-time work, there may be an advantage. Such experience may even offer some guidance for subsequent "specialization."

One of the questions posed by Dr. Berk was how master's degree programs have been "put together." This includes, of course, the question of how the decision is reached whether to include specialized courses. In reacting to this question, Dean Miller of Missouri (quoted earlier) observed: "I would hope that master's degree programs should not be like Topsy who 'just growed,' " while Donald Dickinson, director of the Graduate Library School of the University of Arizona has noted:

> . . . master's degree programs are put together, in many cases, like patchwork quilts. Of course, this is not the proper way and the structure should be careful and directed toward the school's goals and objectives. . . . I suppose the ideals and reality are rather far apart.

Jean Lowrie, director of Western Michigan University's School of Librarianship (quoted earlier) hopes:

they're put together by the careful planning of a curriculum committee within the school, taking into consideration faculty concerns, faculty strengths, strengths within the professional community, and the needs of the profession as a whole!

Dean Hayes of UCLA (quoted earlier) observes:

> Master's degree programs aren't "put together." They are organic things that grow and change, mature and decay, give rise to new incarnations. Our program was "put together" by a five-year long succession of experiments, conferences at which results were critically examined and evaluated, faculty meetings at which positions were debated, student reactions that were interpreted and reported to, etc. Even after that, the program is continually reviewed, modified, and adjusted.

Few library schools are able to plan a program from scratch, however, as Dean Stokes of British Columbia notes:

> I am sure that, in some respects, there are as many ways of "putting programmes together" as there are programmes in existence. If we are honest with ourselves and with the profession which we serve then I see no way more effective than pure pragmatism. We begin with an existing programme, our own or one which we either admire or dislike intensely, and then start tinkering. We seek to strengthen the aspects of an admired programme or to avoid the pitfalls of a disliked one. I suggest that it would be impossible for anyone, with even the smallest experience, to start with an absolutely clear slate. The most highly derivative programmes, in my opinion, have been those which announced, rather grandiosely, that they were moving in a significantly new direction. This is not the cynicism of old age but rather an appreciation of the facts of the situation. Having established some basis we then try it on for size and, hopefully, have the sense to discard those things which seem not to work. I feel that there is nothing wrong with such a pragmatic approach. We are part of a profession which is changing, not rapidly but at any rate changing, and we must continually discard the obsolete and the outworn. What would worry me more than anything else would be a programme which did *not* change from year to year. We know from experience both within a School and from professional reaction, that each time round reveals more dead wood and more gaps in the programme. So, whether we are "building" or "maintaining", our approach is the same. I should be inclined to distrust any programme which was developed by a professional St. Simeon Stylites sitting on his lonely column and contemplating his bibliothecal navel.

Harold Goldstein, dean of the School of Library Science at Florida State University, observes:

> We would like to think that all curriculum planning proceeds from a clear cut statement of objectives, competencies, etc. I think we both know better. If there is some evidence that there is, indeed, the objective in the beginning and if the competencies listed as the end product are tied together well, I believe we could say such a process is a useful curriculum planning activity. I am sure that most schools could gain from close collaboration with curriculum experts on their campuses who could serve as consultants during several stages in the evaluation of a program change, in addition to being on the spot for any basic revamping.

Dr. Berk's question of how master's degree programs are put together includes, of course, the sub-question of how decisions are reached for the inclusion of specialized courses. Any discussion of this topic is bound to lead at some point to the American Library Association's role in accreditation and to ALA's *Standards for Accreditation, 1972* where the word "specialization" appears under the section on curriculum. This rather crucial paragraph in the Standards reads:

> The program of the school should provide for the study of principles and procedures common to all types of libraries and library services. A study of specialized service in either general or special libraries may occupy a place in the basic program. Specialization should be built upon a foundation of general academic and professional education and should include interdisciplinary work pertinent to the program of the individual student. A library school offering a single specialization may satisfy the *Standards for Accreditation*, if, in addition to its special curricular emphasis, it provides for the study of general professional principles and procedures prescribed by this standard.

This paragraph of the Standards was written primarily with the education of school library media personnel in mind. There was a widespread belief that under ALA's earlier Standards of 1951 a "single purpose" program (which in virtually every instance was thought of as a school library media program) could not be accredited. In formulating the 1972 Standards, there was a deliberate effort to avoid the term "single purpose" to emphasize that any program worthy of accreditation must "provide for the study of principles and procedures common to all types of libraries and library services". The term "specialization" seemed preferable to "single purpose" since it implies that it is built on a general foundation. Under the 1972 Standards it should be clear that a program whose curriculum is devoted exclusively to courses in school librarianship cannot be accredited. This limitation in the Standards can scarcely be of concern to the promoters of education for health sciences librarians, however, for at no time has it been proposed that such a program should not be built on a solid foundation "of general academic and professional education".

Accreditation is a peculiarly American invention originally designed to assure a minimum degree of uniformity and a standard of quality measurement in education. In recent years there has been added the social demand that accreditation also protect the public against incompetent and/or poorly educated graduates of educational programs. Peer judgment has always been a key factor in accreditation, so the composition and decision of the ALA's Committee on Accreditation and its site-visit teams are of major interest to library educators.

The *Standards for Accreditation*, adopted by the ALA Council on June 27, 1972, constitute the COA's and a site-visit team's bible. While subject to some degree of variance in interpretation, the Standards prescribe the boundaries of the COA's decisions. No specific course is either required or excluded by the Standards, although they do require that the curriculum be based on the school's statement of its own goals.

Probably the most striking difference between the 1972 *Standards for Accreditation* and the three documents that preceded it (the Standards of 1925, 1933, and 1951), is the very first Standard of 1972 requiring that a library school have "clearly defined, publicly stated goals" along with "explicit objectives for its specific educational programs, stated in terms of the

educational result to be achieved." While one would assume that the setting of goals and objectives should precede the establishment of any endeavor involving groups of people, the cries of anguish emanating from many library educators in response to this requirement suggest that for a number of library schools this was a new idea. The 1970's have proved to be a period in which universities generally have been concerned with long-range planning, however, for which the setting of goals and objectives is an integral part, so the framers of the 1972 Standards were rather in step with the times in their inclusion of this requirement.

The exercise of drawing up and constantly reviewing a library school's goals and objectives relates very directly to the place of specialization (or whatever term one might prefer) in the school's program. If specialization has a place in the master's degree program, surely the nature of that specialization will differ from school to school, depending upon many factors (geography, academic environment, job opportunities, etc.). What is appropriate for one library school may be absurd for another. A faculty's careful attention to the creation and the maintenance of its goals and program objectives will determine what is appropriate for its school.

For a few short years not very long ago library schools found themselves in the happy state of growing budgets. With an opportunity to expand their faculties with new talent and place their graduates in constantly improving job situations, library schools expanded their curricula and, in some instances, the length of their programs. A larger faculty permitted the addition of new courses, and new areas of concentration were created to give students greater opportunities to specialize. But this splendid period of growth and expansion lasted all too briefly and, like higher education generally, most library schools now find themselves in a no-growth situation, if not one of retrenchment. Statistical proof of this change is found in the annual salary survey that I have made among library schools on the accredited list for the past several years. While the average library school full-time faculty size was 11.66 in 1973-74, this figure has steadily declined to 10.69 in 1977-78 (a decline of over 8 percent). Another statistical study based on the annual reports submitted by accredited programs to the COA reveals an even sharper decline in part-time faculty. Whereas in the fall term, 1970, schools employed an average of 7.22 part-time faculty, that figure had dropped to 4.61 in the fall term of 1976. This is a reduction of over 36 percent. Because in many library schools part-time faculty teach the more specialized courses, this latter figure is especially important in any discussion of the current role of specialization in the master's degree program.

At a time when library school budgets are not expanding to permit the adding of faculty, it also happens that the percentage of tenured faculty is increasing; established faculty find that they have fewer opportunities to move to another school with higher rank and salary. Of the 59 new faculty, exclusive of deans, in the 64 accredited programs in 1977-78, only 21 were appointed to ranks higher than assistant professor. Increasingly, when senior faculty retire, they are being replaced by appointments at the junior level in order to save salary dollars.

These budgetary realities of 1979 mean that, with rare exception, when a course is added to the curriculum, some other course must be dropped. As we consider expanding library school curricula in the health sciences areas, this budgetary reality must be kept in mind.

Traditionally in higher education, change in curriculum and teaching methods has been accomplished largely through the addition of new, young faculty. When budgetary limitations, a constantly growing tenure ratio, and a tendency of faculty to delay retirement prevent the addition of this new blood, how can there be curricular change? A number of universities are attempting to offer incentives to enable faculty to change directions, to update their skills, and to enter into new research areas in order to encourage change. The results to date in this regard are not encouraging.

It should be noted that the 1972 *Standards for Accreditation* require that the curriculum "be a unified whole rather than an aggregate of courses." Too often library science curricula have been "put together" without consideration of accepted goals or planning. Faculty should not be permitted to teach only what interests them without regard to where their courses fit into the general plan, and new faculty must be recruited in relationship to the "unified whole" of the curriculum. A new specialization, or area of concentration, should not be added simply to comply with a faculty member's interest. It must be a part of the "unified whole," with an appropriate base in the total curriculum.

As a professional school, a library education program must respond to the employers of its graduates and the job market generally. This is bound to affect its curriculum, including its decisions regarding specialized courses. Such communication can be accomplished informally through personal contacts of faculty and alumni as well as the dean and the placement officer. A number of schools have advisory or visiting committees through which advice and reaction is obtained from representatives of the library profession.

Regardless of how a degree program is "put together," with its various electives and areas of concentration planned in relationship to its core courses, there is a further "putting together" of the individual student's course of study. This process often proves to be a major source of frustration for the student as well as the professor.

Library school students are largely self-selected – library schools have rarely launched major recruitment programs. With the present employment situation, many of us feel quite awkward in urging students to become librarians for whom we cannot necessarily assure positions upon completion of our program. Admission decisions are made by a school from among self-selected applicants whose reasons for choosing a library career have usually resulted from having worked in a library while going to high school or college, having had a close relative who is a librarian, or from having been an avid library user. At the present time, as during much of the past, the total number of applicants for admission to library schools across the country does not exceed the total number of openings. A very large percentage of applicants meet the admission requirement of most schools (an undergraduate grade point average of B is usually required). While library educators may wish that our applicant pool were larger, it should be noted that, because no one plans on a library career to make money or acquire power, applicants for library school are usually committed to a career of service to their fellowman. Unfortunately, we also have our share of applicants who have failed in some other field or who are unable to find jobs in the profession for which they had first been trained. (A library school's placement rate of, say, 70 percent may appear quite attractive compared to an English department's placement rate of 35 percent.) Most applicants have a fair knowledge of the library profession and have ideas regarding the kind of library work that will provide them the greatest satisfaction. While they may change in the

course of their study, it is the rare student who expects or desires his faculty adviser to plan the entire program for him.

All too many students choose their library school on the basis of geography – family commitments make them immobile or limited budgets restrict their choice to a school within their state. A relatively few obtain catalogs from a variety of schools and then study their contents to determine which program will be best for them. Those who do their homework in this manner, however, find that the "truth in advertising" movement has made library school catalogs more useful for this purpose than was once the case. The Committee on Accreditation and its visiting teams, for example, have demanded that courses described in the catalog actually be taught on a regular basis (or that a statement to the contrary be provided), that the school's goals and program objectives be clearly stated, and that the faculty be properly identified without padding in numbers and qualifications. For the prospective student interested in concentrating in a particular area, the catalog should, and usually does, provide the information needed. (The statement in the 1972 Standards which speaks to this issue is found under Students: "To fulfill one of the school's major responsibilities to prospective students and the public at large, announcements of program goals and objectives, descriptions of curricula, and identification of faculty should be complete, accurate, and current.")

An aspect of the decade of student activitism on university campuses through which we have passed has been the demand of students to make their own decisions, including the selection of courses. While library science students have been less "activist inclined" than most of their colleagues in other disciplines, there has been a tendency in most library schools during the seventies to reduce the number of required courses and to give students greater freedom in course selection. With the scarcity of library jobs, there has also b en te de~cy for students to want a greater variety of courses on the chance that taking a course in law librarianship, for example, might qualify them for a job that would otherwise go to someone else. For many students there is presently a tendency not to "specialize," but to take a little of everything.

In most library schools the role of the faculty adviser is still considered important for students who want such advice. Because we think of graduate students as adults, however, most library schools do not force faculty advisement upon them except to sign their course election form each term. The style of this freely available advisement differs widely from one faculty member to another, and some faculty members are bound to be sought out for counsel much more than others. Fairness in the assignment of faculty duties is one of any library school dean's greatest challenges, and discovering a way to "even up" the advisement function among faculty continues to evade most of us.

Ironically, in providing students greater freedom in planning their programs we run the risk of later criticism for not having provided sufficient guidance. A recent complaint from one of Michigan's graduates who has been unable to find a public library position in the Ann Arbor area, where she is limited because of family commitments, illustrates this point. Claiming that no one had dealt with "my interest in public library work by presenting me with a feasible course plan," she observed in a recent letter: "It is unfortunate that now, after the supposed completion of my collegiate career I find I should have acquired more skills in languages, computer science, and audio visual. There was only the suggestion of a push in those directions."

Upon checking this former student's file, I found that only on one brief occasion had she sought advisement from our faculty member most closely identified with public librarianship – in fact, she had not even indicated to us that this was her area of primary interest, nor did she choose to take a single course in the public library field.

Because many students work part-time while in library school, or have family commitments that occupy large portions of their time, their course selection is sometimes based more on the time the class meets than on the value of that course for their future career. We all know that students also select certain popular faculty members on occasion, not for the courses they teach, but because of their reputation for grading or their homework demands.

One way in which a library science student can concentrate in a special area is by taking cognate courses. Nearly every library school permits a student to count a certain number of cognate credits toward the master's degree, although the number is often limited to six semester or nine quarter hours. The opportunity for a library science student to broaden his area of concentration through such courses depends, of course, upon the academic environment of the library school. If the school is part of a large university, his opportunities will be extensive. A medical school may well offer a course in health sciences terminology, for example, that is open to non-medical students. A note of caution should be extended to students in this connection, however. Because library education is at the graduate level, institutional rules probably require that cognate credit must also be earned at the graduate level in order to count toward graduation. Any student taking a graduate course outside his degree program finds himself in severe competition because most of his classmates will be graduate students in that discipline and will probably have had extensive study in that discipline before entering the graduate course in question. The library science student may find himself ill-prepared compared to his classmates.

In any discussion of specialization in library education, the library school's use of adjunct or part-time faculty is bound to enter the conversation. In its selection of regular, full-time faculty, a library school must give first consideration to the basic curriculum where the bulk of student credit hours are earned. Only in the largest schools does one often find full-time faculty who are able to devote a major portion of their time to a specialization, with the exception of the school library field. For the two or three courses offered only once a year for a relatively small number of students, many library schools must employ a library practitioner as part-time professor. As every library school dean will quickly point out, there are both advantages and disadvantages in this practice. An advantage is that students usually welcome the opportunity to study under a "real librarian" from the "real library world." Regular library school faculty, as is true in every professional school, are criticized for their lack of recent practical experience and their isolation from reality in their ivory tower. The library school dean usually finds that adjunct faculty, for whom no fringe benefits need be provided, come considerably cheaper than do regular faculty. For some adjunct faculty there is a valuable prestige factor in being associated with an institution of higher education and, of course, they often welcome the opportunity to contribute to the professional careers of young people regardless of financial reward.

On the other hand, part-time faculty members are often not really faculty members. They rarely attend faculty meetings or serve on school committees and are, therefore, often uninformed regarding school policies and activities. They are rarely available to students outside

the classroom; they seldom participate in student counseling and advisement. They have difficulty determining the manner in which the subject they teach fits into the total curriculum. And not every successful librarian is a successful teacher. The practitioner who assumes that he can fill 45 class sessions with recounting his own experiences quickly discovers that, after the second week, his only alternative to repeating himself is to study the literature and begin doing some research.

Conrad Rawski, dean of the School of Library Science at Case Western Reserve University, has observed:

> Perhaps the most important factor in any specialized program is the specific state of affairs of the field which the program attempts to address. This state must not only be provided by appropriate field experience, it must be "reconstructed" in the classroom, so that the students will be (a) receptive to it and (b) look for the "right" things. It is not always easy to accomplish this. Nor is it safe to assume that adjunct instructors who serve professionally in the subject area are going to inculcate this awareness upon their students. Strange transformations are wrought by a university classroom and astute professionals leave all functional reality behind and become hidebound pedagogues.

As suggested above, Dean Rawski believes strongly that "appropriate field experience" must be part of any specialization in a library school's curriculum. Referring to the "service community" available to students specializing in health sciences librarianship at Case Western Reserve, he notes: "I, frankly, could not subtract University Hospitals and its affiliates as well as our Cleveland Health Sciences Library from our program and expect to be left with something nearly as effective."

Before leaving the question of part-time faculty representing the real world to students vs. the full-time faculty member who, having not met a library payroll in a decade or more, can present only hidebound theory, one must note that one does not have to be a hen to judge the state of an egg. I am told that on an occasion when Columbia's Frances Henne's expertise in the school library field was challenged by a practicing school librarian on the basis of Professor Henne's lack of recent library experience, her reply was, "During the past year I have visited twenty school libraries and studied their operations. How many have you visited?" While the story is probably apocryphal, it does illustrate a point that is sometimes forgotten – that a faculty member, through research and visitation, can actually gain a wider perspective than the practitioner limited to his own daily experience.

Mention was made earlier of the frequent value to a student of experience gained while working part-time in a library. Even more valuable is a library internship or field experience either during or following the completion of the master's degree program. Venable Lawson, director of the Division of Librarianship at Emory University, notes:

> The current market encourages many students to try to prepare for a number of job options. . . . this is impossible when they try to prepare for both academic and school library service, to cite one of the more extreme examples of this ambivalence. Should a sufficient number of internships be established to permit the fifth-year students some assurance of initial placement related to identified career goals, this

could dictate a more precise determination of career tracks early in students' academic programs. Faculty, having a greater influence on initial placement through the internship, would be encouraged to delineate an academic program relative to a student's strengths and interests rather than being ever sensitive to the limited job opportunities open to the new graduate.

During the January 1979 meeting of the AALS Council of Deans and Directors, Dr. Lawson presented a working paper entitled "Recommended Guidelines for a Post-Master's Internship Program." This document has resulted from the work of a joint committee of the Council of Deans and Directors and the Association of College and Research Libraries' Personnel Officers of Research Libraries Discussion Group. The proposals set forth in these tentative guidelines are based on the conviction that:

> the new library school graduate [should] be placed as soon as possible in a library environment where knowledge obtained in the degree program can be applied and extended, personal satisfactions and dissatisfactions in specific assignments evaluated, and long-term career plans considered in the context of the practical world of librarianship.

Using the National Library of Medicine's Library Associate program and the Library of Congress' internship program as examples, the document urges that other libraries "establish one or two internships to determine the advantages and disadvantages for the library and for the intern." Library educators are envisioned in this proposal as playing an important role in the recruitment process, thus combining the efforts of faculty and practitioners in the career development of neophyte librarians. "The interchange between the employers, the interns, and the library educators should create closer communication between the educators and the practitioners which could be beneficial to both."

These guidelines, if accepted by a number of libraries, could have significant influence upon the concept of specialization.

One of Dr. Berk's questions in suggesting the topics to be covered in this paper pertained to the future of the "integrated core" in the library school curriculum. No topic in library education has received more attention during the last half-century than has the so-called core. It has been compared by its defenders to the human heart to emphasize its vitality, while its detractors have compared it to the core of an apple which we ordinarily discard upon consuming the fruit. The core continues to be a matter of debate, although today it tends to be the "integrated" core that attracts most attention. Judging from the required courses listed in the curricula of the accredited programs, it appears that, almost without exception, a limited number of courses is required of every student. Although called by different names in different schools, these tend to be cataloging (including classification) and reference, with administration and collection building frequently included. Different instructors are often associated with each of these courses, and a standard student complaint through the years has been (1) that there is too much overlap and duplication in these courses or (2) that an instructor frequently assumes a topic has been introduced or covered in a required course where it was not. Different instructors responsible for the same required course may include different topics, while communication among faculty regarding these inclusions and exclusions seems to be more difficult than it should be. While there may be a

policy that required courses are "school courses" and not "individual faculty courses," faculty have a tendency to become possessive.

Pioneering in the integrated core concept was done in the College of Librarianship at the University of South Carolina. Perhaps a recent observation by that school's present dean, William Summers, would be helpful at this point:

> The integrated core has gained much greater acceptability and is being used by more and more schools. Definition of that term is becoming more and more difficult as schools place their own interpretation upon it. At minimum, proper use of the term requires that the core be a shared responsibility involving cooperative efforts by a number of faculty; that the content and sequence of the core be subject to faculty approval on a more than occasional basis; that a number of faculty be involved in the planning, presentation, and evaluation of content; and that completion of this core is a prerequisite for most if not all elective courses in the program.

Approaching the core in the manner described by Dean Summers should not strike one as exactly revolutionary. Among the library schools that have attempted this in recent years, besides South Carolina, are Illinois, North Carolina, Drexel, and Columbia. At Michigan a $5,000 grant was obtained last year by two members of the faculty (Professors Magrill and Rinehart) to study and experiment with the concept. Our three required courses (cataloging and classification, general reference, and collection building), totaling 10 credit hours out of the 36 required for the degree, have now been taught by three faculty members as an integrated unit on two occasions. The faculty members involved, as well as the two groups of students, have been pleased with the success of this experiment. The two student groups, even though they were large compared to the typical class size (37 each time), found that working as a group in the equivalent of three courses was particularly rewarding. More areas could actually be covered because the three faculty members worked closely to avoid duplication. The faculty have found, however, that being responsible for one-third of the integrated core was considerably more demanding of their time than the teaching of one core course in isolation because of the time spent in team teaching and cooperative planning. The satisfaction resulting from the success of the experiment has been accepted by these faculty members as appropriate reward for the extra effort.

The integrated core approach can succeed best in the library school that admits new students only once each year and has only full-time students. At Michigan, where we permit new students to enter the program three times a year, where over half of our students are part-time, and where we offer extension courses in two off-campus localities, an integrated core program can be provided for only a relatively small portion of our total student body. Furthermore, as a faculty changes with retirements and as resignations come along, it is unlikely that the high degree of cooperation and congeniality that is required of participating faculty can always be maintained. Dean Stueart at Simmons (quoted earlier) expresses a similar view when he notes:

> The integrated core, although an interesting concept, is out for us unless we are prepared to do it for five or six times each week for the first eight weeks of each semester.

Annette Phinazee, dean of the School of Library Science at North Carolina Central University, voices a similar practical consideration:

> The integrated core and the two-year programs have a future in schools that have a sufficient number of students who can afford to matriculate on a full-time basis for the required time. We do not have many students at NCCU who feel they can do this. I suspect that the number of Black students would decrease in a number of schools unless unusual efforts were made to attract and to retain them.

Dewey Carroll, dean of the School of Library and Information Sciences at North Texas State University, predicts that the integrated core will "not flourish."

> One of its functions has been to reduce the size of the core, and this is probably the wrong direction to be going. The coordinated content idea is good, but this can be arranged just as well by other means. The integrated core also presents scheduling and commuting problems for many schools, and for many schools the general trend seems to be toward fewer full-time and more commuting students.

Norman Horrocks, director of the School of Library Service at Dalhousie University, is also "unconvinced that this method offers an approach better than that followed elsewhere." He continues:

> I have a certain skepticism, based on my conversations, that faculty members involved are truly convinced that this approach has real virtues apart from seeming novelty. It is possible, with close faculty relationships and discussions, to offer an integrated core programme in the sense of overall aims and objectives while still retaining the individuality of course offerings and presentations.

Robert Taylor, dean of the School of Information Studies at Syracuse University, also has little enthusiasm for the integrated core, noting that "because we approach the question [of specialization] from the side of information, we consider librarianship itself a specialty." He continues:

> I think we overdo the concern with core requirements, with curricular design, and with the limited scope of librarianship traditionally conceived. I believe that the people we (Michigan, Syracuse, UCLA, Maryland, Pitt., and a few others) are training at the professional level are capable of moving into any information related level, if we do not restrict their vision. . . . Professionals in this field, in the best sense, have the skills and the attitudes to be able to move anywhere in the information field. This is the most challenging profession of the latter part of this century, and we can be, if we don't lose our nerve, at the center of the information revolution.

Any discussion of the core is bound to relate to the continuing question of the place of undergraduate study. Dean Rupert of Clarion State College suggests that:

> Rather than the integrated core of six hours on the graduate level, perhaps the profession should look at its stance on undergraduate education. Library Science is almost, if not alone, in the concept of recognizing graduate work without any undergraduate

foundation for the discipline. If the master's degree were totally graduate level study, with the core of six to nine hours in the first degree, specialization could be accommodated in the fifth year.

Dr. Berk also invited comment on "self-paced instruction." This term can be variously defined, from the general concept of a part-time student taking a course or two per term over three or four years to complete the degree, to the narrow concept of the student stretching (or shrinking) the normal amount of time to complete a single course (or educational experience) to meet his own needs. Emanuel T. Prostano, director of the Division of Library Science and Instructional Technology at Southern Connecticut State College, notes the difference between "self-paced" and "self-directed."

> My understanding of "self-paced" is that each student proceeds at his/her own rate of speed. All students would/could have the same assignment – rate of speed would be the only variable. "Self-directed" (synonymous with individualized) ordinarily implies assigning the principal responsibility for learning to the student. Learning takes place with the guidance of a faculty member. Emphasis is placed on the student as a learner rather than faculty member as a teacher.

Self-paced instruction in the true sense is not commonplace in library schools nor is it likely to increase noticeably in the immediate future. The popularity of computer assisted instruction a few years ago has not been sustained. A professor at Michigan (Tom Slavens) obtained a substantial grant to develop such a course in reference a number of years ago. While hailed with some fanfare when it was completed, and offered for a semester or two to the delight of a few students, it quickly fell out of favor as a course in itself and is maintained and used today only for review purposes and to acquaint beginning students in the basic reference course with the computer.

It is generally recognized today that self-paced instruction is very expensive to the institution providing it, and in these days of ever tightening university budgets this is scarcely the time to propose more expensive ways to accomplish the same purpose. A typical view along this line is that of Dr. Hiatt at Washington where, it will be recalled, a two-year program has just been announced:

> We have not addressed the problem of self-paced instruction, and I must tell you candidly that I don't see the kinds of monies available to handle self-paced instruction with any kind of quality. But then to me, self-paced instruction includes sophisticated development and probably at least computer assisted instruction (or a larger faculty?).

Dean Goldstein of Florida State has observed:

> Certainly self-paced instruction in the form of Directed Individual Study is an old timer and ought to have a continuous long life. On the other hand, mechanical improvements or adaptations for self-pacing seem not to be very fast, and perhaps it is as well. I do not really see any advantage of great amounts of time on design for such models if the experience is to be really an individual approach to a particular problem or base of content. We do better in a more informal and flexible activity such as directed individual study for self-packaging of our programs.

Dean Carroll of North Texas State strikes a similar chord:

> Self-paced instruction will probably not assume any large role outside components within individual courses, and even at this level it may remain relatively limited. Self-pacing at the whole course and program level can raise some prohibitive institutional problems (witness the typical restrictions placed on the analogous credit-by-examination approach in most universities). Self-pacing at the lower course component level may also encounter a natural boundary in the form of the planning requirements posed for faculty.

Maurice Marchant, director of the School of Library and Information Sciences at Brigham Young University, notes that self-paced instruction "is more likely to work in the teaching of skills, such as cataloging, than teaching theory and philosophy."

Dean Summers of South Carolina, while believing that self-paced instruction is growing in use in integrated core programs doubts its future in elective courses:

> for the simple reason that it is very costly to prepare and maintain and the smaller number of students in an elective course makes it less feasible. . . . It is much more difficult to use self-paced instruction in areas where content requires interpretation and in which the correct answers are less obvious.

Mohammed Aman, on the other hand, takes a more optimistic view:

> Self-paced instruction has a future in library education. We are planning to implement it so our students can gain competency in medical terminology. We will use the Ohio State University College of CAI programs on Medical Terminology and Medical Abbreviations which will be available to our students through our computer terminal.

Returning to the central question in this discussion, the place of a concentration of courses in health sciences librarianship in the master's degree curriculum, it is apparent that any library school considering the introduction of such a concentration, as in any curricular expansion, should plan carefully. Dean Summers of South Carolina suggests that:

> Schools contemplating programs in health sciences librarianship first of all should be advised to think very carefully about the objectives. The field has grown extremely broad ranging from preparation of persons to work specifically in medical school hospital libraries to the need to prepare librarians to work with professionals in the fields of public health, general health, and also the specific need to provide health information in libraries of all types. Before a school launches a program it needs to define very precisely what it means by health sciences and even more precisely type of libraries for which it is attempting to prepare people.

The dean of a library school which does not presently have courses in health sciences librarianship, Elizabeth Rupert of Clarion State, has observed that if such a concentration were to be considered at Clarion:

> I would feel guidelines provided by the Medical Library Association would be most helpful. Such guidelines, however, would best serve if they were a cooperative effort of the Medical Library Association, the American Library Association, and the National Library of Medicine with contributions from library educators, practicing health science librarians, social workers, and perhaps the legal profession. Since certification for health sciences librarianship is based upon predetermined competencies, there surely needs to be communication and cooperative endeavor among educators, practitioners, and professional associations.

Dean Rupert has provided a list of the sources of advice and guidance to which she would turn if a specialization in health sciences librarianship were to be considered at Clarion State:

1. Guidelines developed cooperatively as above indicated.

2. Advice of medical librarians in the area.

3. Assistance of the State Library which should have information based on needs assessment.

4. Assistance of the National Library of Medicine and the Medical Library Association in designing a program and evaluating it; developing resources, materials and activities; providing workshops and training sessions for faculty.

Roy Stokes of British Columbia, in commenting on the planning of a health sciences concentration advises:

> I can go no further than a general comment which would apply equally to other areas of "specialisation practice." Our only wise action in the Schools, one followed by most but not all of our colleagues, is not to develop any course without the closest possible collaboration with those who are in a position to buy the service of our graduates later on. We do not own the fount of wisdom regarding curricula and we need consumer reports, even on our plans – perhaps especially on our plans.

Brooke Sheldon, director of the School of Library Science at Texas Woman's University, where a concentration (two courses and a practicum) in health sciences librarianship has been recently developed, has described the considerations taken into account there:

> Dr. Ana Cleveland . . . is coordinating our program here. She is a certified medical librarian, with both degrees from Case Western. I believe she has done an excellent job of working with our (LS) curriculum committee, contacting key administration and faculty in our Institute of Health Sciences; and in establishing liaison with health related institutions in the Dallas/Fort Worth area. . . . At this point we are still testing the market in the metroplex area. . . . Dr. Cleveland feels that the ideal program for this type of speciality would be courses in addition to the basic Master's Degree program. This would include a year-long practicum (6 hours). The new guidelines for certification will demand more than we can possibly fit into the 36 hours.

> One prerequisite that she feels is very important is a course in medical terminology which she is currently counseling undergrads who are interested in the field to take.
>
> But I guess we are (or perhaps I am speaking for myself) not ready to say that a full two-year program is indicated for this type of speciality. There are of course many courses in the health sciences and other areas that will prove useful. These might include: Health Information Systems, Health Care Organization and Administration, Fundamentals of Medicine, etc.

Earlier reference was made to the importance of educational environment in determining areas of concentration that would be suitable for a given library school, i.e., the institutional setting, faculty strengths and resources, and the service community. It is difficult to imagine a library school offering courses in health sciences librarianship in isolation from a medical school and extensive hospital facilities. On the assumption that no library school can offer curricular areas of concentration in all possible fields, it follows that the selection of those to be offered should be based in large part on the school's educational environment. Just as a specialization in archival management is most appropriate for a library school located near major archival collections, so also are major health sciences facilities an essential part of a library school's educational environment if it is to launch a program in this area.

Except for the American Library Association, no professional association has concerned itself with library education to such an extent as has the Medical Library Association. Library schools have welcomed the interest that MLA has provided in the past and look forward to its continuance.

A question posed by Dr. Berk in asking me to prepare a position paper for this Conference was: "What would be useful to schools with health sciences librarianship courses or those contemplating them in terms of guidelines or advice, standardization, etc?" I in turn asked this question of several of my decanal friends.

Ed Miller of Missouri has noted:

> When the Medical Library Association (MLA) opted for the certification examination and no longer required formal course work for certification, I believe they did some damage to the library education environment, particularly those planning to institute programs in health science librarianship. What would be most useful now would be for them to share their examination or at least the outline of their examination with those of us in library education who are tryin to prepare people for medical library certification. As you know, we have a very ex nsive program in the area which has been very successful. I am sure that the Medica Library Association is aware of this also. Evidently MLA does not care about formal course work in the area or I would have had some communication from them relative to our courses and their relationship to the MLA examination. So far none of our people have been contacted for any kind of input or evaluation of the MLA certification examination itself. Some communication from MLA to those of us involved in the education process would certainly be very useful.

Dean Darling of Columbia warns, on the other hand, that the Medical Library Association may have:

> placed too much faith in a prescribed program and testable learning, and should beware of "teaching for the test" standardization. Rote learning is for technicians, not professionals.

Dean Stueart at Simmons voices a similar concern -- after noting that "MLA's new code for certification should have some impact on all instructors of health sciences librarianship courses in terms of the types of materials and the topics to be covered in such courses" he adds:

> However, a rough survey conducted last year indicates that the general consensus of instructors of health sciences librarianship courses is that they are not in favor of standardization. The new code can be used an an indicator – but not quite a guideline – of what MLA considers to be requirements of a competent librarian in the health sciences field.

Dean Carroll at North Texas State has noted:

> The old MLA guidelines for health sciences librarianship courses were not bad. The measure most useful to library schools would be for MLA to modify its new certification requirements so as to accept completion of MLA approved courses as an alternate route to meeting requirements for entry level certification (in a manner analogous for students to meet requirements for entry level certification for school libraries). Ideally, such specialized course requirements should be in addition to a general one-year MLS program.

Harold Goldstein at Florida State believes that what library schools need most from MLA is "some kind of basic statement which would succinctly describe responsibilities and roles for those who are called medical librarians, etc."

Robert Rogers, dean of the School of Library Science at Kent State University, has indicated that his school "would welcome whatever standards or guidelines might be developed and would rely on those with more expertise and experience in health sciences librarianship to develop guidelines."

The word "guidelines" has, of course, a very different meaning from the word "standards" in library education. To library educators, standards immediately suggest accreditation, an area in which I assume that the Medical Library Association has no plans to enter. The term also immediately raises the question of "quantitative vs. qualitative" considerations. If expressed quantitatively, then they must be expressed in terms of the minimum, *i.e.*, if quantitative standards are to be met, they must be stated at the level of the poorest program that can be considered acceptable. Although it may be made clear in a statement of standards that the sky is the limit, only the strongest of the programs will accept that challenge. In days of tight budgets it is especially difficult to obtain funding to go beyond that which is considered standard (*i.e.*, the minimum).

"Guidelines," on the other hand, is a much more flexible term which implies the offer of assistance rather than the setting of limits. Guidelines can suggest levels of achievement. They can be accepted or rejected.

MLA can assist library schools very constructively in describing the positions for which students should prepare themselves in the field of health sciences librarianship and by suggesting the areas of study that should be pursued. We can assume that library educators specializing in this field are, themselves, active members of MLA and have a strong voice in whatever advice, in whatever form, may come from the Association to the schools. As the primary authority on the education of health sciences librarians on the faculty where he or she serves, the faculty member teaching these courses has a strong voice in determining their content and methodology. Assuming that this person is an active member of MLA and in communication with faculty colleagues in other schools, perhaps even willing to exchange outlines and syllabi, an informal kind of standardization can evolve without the invasion of the academic freedom of the individual instructor or the impingement upon the institutional policies that govern the school.

In responding to the question of MLA's role in providing guidelines and advice to library schools, Dean Hayes of UCLA expressed bafflement with the question, but provided an answer which will serve as the final decanal quotation for this paper:

> *Guidelines?* I'm not sure I understand the question. Useful guidelines in what respect? What kinds of courses? It's all so vague that I cannot get a handle on what's wanted.
>
> Let me try it as follows: Internship is *crucial,* especially in specialized fields like medicine or law. That means that a formal course, one that provides the means for proper academic monitoring and control, should be included to cover internship. It means that sites need to be carefully selected and that the site supervisors need to be highly dedicated to the objectives of the program.
>
> Self-motivation is *crucial.* In our program, we accomplish this – or try to – by requiring a specialization paper. The student must set the goals and must achieve them himself or herself.
>
> Substantive knowledge in the field covered by the specialized type of librarianship is *crucial,* but it can be gained by a relatively few courses in the subject field.
>
> Basic competencies in librarianship are *crucial.* They cannot be replaced by the specialized knowledge in the field. In our program, that means especially competence in *cataloging.*

When Lester Asheim addressed the 1967 Conference for Health Sciences Librarianship, he quoted a favorite aphorism from John Stuart Mills (which I have taken the liberty to modernize): "Men are men [and women are women] before they are lawyers, or physicians, or merchants, or manufacturers." Dr. Asheim's point was, of course, that the health sciences librarian is, first, a librarian. This remains our assumption today as we discuss the place of specialization in the master's degree program in library science. While this Association's particular interest in library education pertains naturally to the content of that portion of the curriculum that deals with health sciences librarianship, its broader concern must be with the total educational program which produces a librarian.

The following deans and directors, with the dates of their letters to the writer, have been quoted in this paper:

Mohammed M. Aman, Dean, Palmer Graduate Library School, C. W. Post Center, Long Island University (October 11, 1978)

Dewey E. Carroll, Dean, School of Library and Information Sciences, North Texas State University (November 6, 1978)

Richard L. Darling, Dean, School of Library Service, Columbia University (November 3, 1978)

Donald C. Dickinson, Director, Graduate Library School, University of Arizona (November 7, 1978)

Harold Goldstein, Dean, School of Library Science, Florida State University (October 24, 1978)

Ira W. Harris, Dean, Graduate School of Library Studies, University of Hawaii at Manoa (December 28, 1978)

Robert M. Hayes, Dean, Graduate School of Library and Information Science, University of California, Los Angeles (October 12, 1978)

Peter Hiatt, Director, School of Librarianship, University of Washington (October 30, 1978)

Norman Horrocks, Director, School of Library Service, Dalhousie University (October 13, 1978)

A. Venable Lawson, Director, Division of Librarianship, Emory University (January 1, 1979)

Jean E. Lowrie, Director, School of Librarianship, Western Michigan University (January 2, 1978)

M. P. Marchant, Director, School of Library and Information Sciences, Brigham Young University (October 23, 1978)

Edward P. Miller, Dean, School of Library and Information Science, University of Missouri-Columbia (October 19, 1978)

Annette L. Phinazee, Dean, School of Library Science, North Carolina Central University (October 19, 1978)

Emanuel T. Prostano, Director, Division of Library Science and Instructional Technology, Southern Connecticut State College (December 22, 1978)

Conrad H. Rawski, Dean, School of Library Science, Case Western Reserve University (October 23, 1978)

A. Robert Rogers, Dean, School of Library Science, Kent State University (October 20, 1978)

Elizabeth A. Rupert, Dean, School of Library Media and Information Science, Clarion State College (November 14, 1978)

Brooke E. Sheldon, Director, School of Library Science, Texas Woman's University (December 8, 1978)

Timothy W. Sineath, Dean, College of Library Science, University of Kentucky (November 6, 1978)

Roy B. Stokes, Director, School of Librarianship, University of British Columbia (November 16, 1978)

Robert D. Stueart, Dean, School of Library Science, Simmons College (October 24, 1978)

F. William Summers, Dean, College of Librarianship, University of South Carolina (October 19, 1978)

Robert S. Taylor, Dean, School of Information Studies, Syracuse University (October 24, 1978)

RESPONDENT'S COMMENTS – POSITION PAPER TWO

The Place of Specialization in the Master's Degree Program

Respondent: Gary R. Purcell

This is a response to the paper written by Dean Russell Bidlack entitled "The Place of Specialization in the Master's Degree Program."

The job of the respondents is to refresh the memory of participants on the contents of each paper and to highlight concepts which we believe should be discussed. We have also been asked to make general comments and observations.

My first observation is that Dean Bidlack was very effective in his use of the comments of 24 other library school deans who answered his request for assistance. Their comments, thoughtfully written, were effectively used to illustrate Dean Bidlack's points and to serve as information from which his conclusions were derived.

My second observation is that a surprising amount of agreement exists among the deans on the role of specialization in the master's program. The differences appear to be more a matter of semantics than substance and the conclusion appears to be that there is little opportunity for real *specialization* but there is an opportunity for *concentration* in specific areas of library service. The difference between the two is in terms of the breadth and depth of coverage of any area of library service.

Dean Bidlack addressed several issues in his paper. One was the question: How are master's programs put together? On this matter he found some disagreement to exist among the deans. Basically the disagreement was between those deans who indicated that the programs were an outgrowth of existing programs and those deans who viewed the process for program and curriculum development as a logical, carefully thought out process. This might be a reflection of a contrast between experience/realism and less experience/idealism.

On another issue, Dean Bidlack sounded a somewhat alarming note when he pointed out that budget reduction in library schools typically tended to result in a reduction in part-time faculty, many of whom teach in areas of specialization or concentration. This may result in a decrease in resources available to allow such courses to be offered. Dean Bidlack observed in a similar vein that with a tight budget, a school is often forced to drop a course, and this too might tend to suppress the development of specialization in library schools.

Still another problem raised in the paper which tends to mediate against specialization is the tendency of students and faculty advisors to opt for a program which will avoid specialization in order that the student might be more employable as a graduate. This tendency, especially with a tight job market, has clear implications for program planning.

Toward the end of his paper, Dean Bidlack returned to what he had identified as the central question of the place of concentration in health sciences librarianship at the master's level. The deans whom he contacted made several points:

1) That careful planning was needed before embarking on such a program, and careful thought was required regarding the objectives of such a program;

2) That guidelines for the development of such a program would be useful, said guidelines coming from the Medical Library Association, the National Library of Medicine or the American Library Association;

3) That any school establishing a program of health science librarianship do so in close collaboration with potential employers;

4) That any school which develops such a program have an appropriate environment for the program (including qualified faculty and suitable nearby resources.)

Regarding the question what would be useful for the schools which offer or plan to offer a specialization or concentration in health sciences librarianship, the deans appeared to respond with the notion that they believed there was a need for more general communication with the Medical Library Association. Some expressed the belief that program guidelines were needed but expressed the desire to have an opportunity for input into the examination process. There was also some fear expressed that the code and the examination would lead to much standardization and not all wanted to see that happen.

Dean Bidlack's final comment, in which he quoted Lester Asheim is probably still the most commonly held viewpoint of library educators, i.e., that all librarians are librarians first, and that the broader concern of any group which is concerned with library education must be with the total educational program which produces a librarian.

GROUP DISCUSSIONS AND RECOMMENDATIONS

As with most of the conference topics, the discussion of this paper ranged over several broad areas and reinforced comments made with regard to other conference topics. A close classification of remarks is neither necessary nor practical but, generally, the comments seem to fall under the following areas: 1) Location for the teaching of health sciences librarianship, 2) Recruitment, 3) Specialization, curriculum, and faculty, 4) Quality of the teaching program, and 5) MLA's role. Understandably, the majority of comments deal with the third area.

Location for the Teaching of Health Sciences Librarianship

The Medical Library Association itself was formed by medical people as well as by librarians and that relationship continues to this day. In some ways this sets us apart from the general library field. We do share in common the general techniques of librarianship, but at one point we diverge. Should health sciences librarianship be taught outside the library school, possibly in a sixth-year program? This would involve teaching in medical schools, hospitals and similar facilities rather than in library school. A specialization for health sciences librarianship could be offered in an internship program immediately following library school or allowing for an intervening year in which to gain initial work experience. Perhaps such a program could be provided or arranged by the professional Association.

The question of teaching health sciences librarianship outside of the library school is a little ambiguous because if we kept such programs under the auspices of the library school we could still offer them in hospitals, medical schools, etc. The advantage is in having academic sponsorship regardless of the teaching location.

Recruitment of the Best Candidates to the Field

Health sciences librarians should accept some degree of responsibility for recruiting students interested in and having potential for health sciences librarianship. Library schools cannot usually send faculty members to a given university to recruit for a small subject area such as health sciences librarianship. But people in the field usually know of potential students and have some personal knowledge of them. By having health sciences librarians do a lot of the recruiting we might attract people who otherwise just might not apply.

We should be looking for people who really have commitment and a genuine interest in growing with the future. Bright, flexible kinds of people are needed. We probably can't go much beyond that.

We need to have a clear career definition of what a health sciences librarian is and does. We need to convey that a person is responsible for the development and an involvement in the field once they get into it. Stress that they do have a chance to affect that field – make it grow and make it change. Many of the people recruited in the past did not have this view of the field.

Programs in library schools could be put together more satisfactorily if all entrants started with a similarly constructed base. This goes back to the selection of entrants into library schools. If they had all followed a prescribed curriculum with courses in mathematics, in science, in the humanities, and in computer sciences and if these were required for entry into library school, then you could build your library school program much more differently than you do today. You could concentrate on those aspects of librarianship as librarianship rather than trying to build that specialization into the library school curriculum because students would be starting at the same level. Now you get them from all different levels. In prescribing an undergraduate curriculum for entry to library school, you can stipulate the core courses in the sciences, humanities, and social sciences that are common to all librarians and then the student selects additional courses in his or her area of specialization. After this a student can specialize in a fifth year library school program because this person already has a subject specialty coming into library school. The prescribed curriculum for an undergraduate would contain the technical courses (mathematics, computer sciences, statistics, English composition, literature, etc.) which are the tools of the trade and also contain subject specialization courses. Add the library school base of education to this and you come out with a specialized librarian.

So what we are going to be doing is training fewer people and the library schools have to realize the economics of this and start cutting down. They need to train fewer people for fewer but higher paying jobs and then we will begin to attract the quality of individual that we are talking about.

Specialization, Curriculum, and Faculty

In specializations, the library school profits by a corresponding commitment from the field of health sciences librarians. Secondly, there is a difference between a few schools with fully-fledged programs in health sciences librarianship and those which just offer courses but do not have an integrated focus. Another point to question is whether the library school curriculum is truly graduate level education or whether more of the preparatory (core) work should be done outside the hours allowed for graduate work. Finally, consider that student demand is going to require that specialization be offered and that field experience be an intrinsic part of that specialization.

We believe that specialization is both desirable and possible within the first professional degree program. There is a spectrum of preparation moving from the single course in health sciences librarianship up to a full-fledged, integrated sequence of courses. There must be a commitment by the school to allow for such specialization. A strong commitment of multiple resources is essential, particularly the financial resources of the school and the university.

Specialization is more akin to the series of courses that have been generated in those library schools in which there is a track for health sciences librarianship. An actual track means that instead of taking general cataloging courses, the individual takes a course in cataloging medical library materials. Whereas, concentration would be a general course of study within selected areas with additional courses in cognate fields. Within the library school curriculum itself, there probably is little distinction between specialization and concentration.

Most schools deal with concentration because as Bidlack's paper shows they don't believe that you can become a specialist within just one year.

If you were preparing students from the undergraduate level up, they could specialize in their course work at the undergraduate level and the library schools would not have to go to two-year programs. Or the two-year program could provide a different model because it would not have to go towards providing subject specialization.

An individual should have the option of being able to return to library school and receive some type of specialization. This could be a certificate program, a sixth-year program.

What is happening in library schools in terms of concentration versus specialization for health sciences librarianship is in a chaotic state. To qualify as a concentration in health sciences librarianship, the course offerings should equate with other concentrations present in the curriculum. For example, the number of faculty devoted to areas such as academic librarianship and public librarianship should be on a par with the health sciences librarianship program if the school chooses to offer that particular concentration. The decision of whether or not to have a concentration in health sciences librarianship should be highly dependent on the environment in which the library school operates. In other words, not every school should attempt this kind of concentration, but if they elect to, then it should receive more than just lip service. One health sciences librarianship course that tries to cover everything and ends up not covering anything very well is not appropriate. Such courses usually are played down in emphasis and resources when competing with other areas of concentration and are a disservice to the students who elect to take them.

Students should not be allowed to take a little bit of everything in hopes of covering the potential job market. Counseling is a very important part of providing a concentration in health sciences librarianship and should be built into any program.

In library schools without well-defined concentrations in health sciences librarianship, students are able to develop their own concentrations by knowing that they want to be health sciences librarians when they start library school. Knowing this, then whatever course they take, whether it is cataloging or reference or anything else, they can angle that course from the medical aspect.

We have to have a general professional education involving the basic theory and then provide a concentration or specialization in health sciences librarianship. It is also very important that such programs involve interdisciplinary work. Students must be exposed to ideas outside the library school.

Practically speaking, we have to have people coming out of library school who can step into a job in which they might not be under the supervision of another health sciences librarian. We do have one-man operations in many hospital libraries. We also have health related special libraries that are one-man operations.

There seems to be a recurring voice in the profession that says that we need to produce people who have research capability. This ties in closely with the keynote speaker's comments about noetics. You do not have to be an epistemologist to do research, but the two

are certainly related. Where do you put the research emphasis in the library school program? Do you try and demonstrate its application in all courses? Do you have specialized courses on research methodology? How are we going to inculcate a research orientation into people who are in library school programs?

Library schools should not waste the first six to nine hours of the curriculum on basic didactic information usually called the core. They should develop self-learning and teaching materials to convey this information. We need them. By eliminating this basic material from the curriculum proper, there is no longer the shock of coming from an intellectually challenging undergraduate program into library school with disappointment that the library school program is not as challenging as the undergraduate program.

There has to be specialization within the library school if the school is going to survive. This is based on the demands being made by employers. The reality of health sciences librarianship is such that people are going to demand specialized training.

A recommendation should be forthcoming from this group that would inform deans as to the qualifications needed for persons who are going to teach courses in health sciences librarianship.

We first need to look at the generalist core of knowledge and skills that any new librarian needs to have. Beyond that, what are those special skills that are needed and can be taught in library school? What are the alternative ways of working out the balance of those that are not appropriate for library schools?

We may need specialization in health sciences librarianship even if we don't need it in all library schools. There is a correlation between the market place and the number of health sciences librarians being turned out each year.

Quality of the Program

One of the strong things you have got to have is faculty. The presence of a strong faculty will result in good courses in health sciences librarianship. It appears that in our country today there are a number of bootleg programs. These are a disservice to our students and to prospective employers. As an employer I don't want a new employee to come from a bootleg program.

If a library school has a reputation for turning out people who know how to do the job once they are hired, then employers will look favorably on graduates of that school for future job openings. If individuals don't know how to do the job, then those schools are ignored in future employment applications.

If you are going to have any specialization within a library school, then it cannot be provided independent of the practical operation of a medical library environment. A full-fledged specialty cannot be provided based on the competency of the library school alone either from the standpoint of financial resources or faculty expertise.

The Role of the Medical Library Association

Who do we mean by MLA? We have spoken a great deal about the Association, but somebody within MLA is going to have to be identified as the responsible party or parties for doing this, or the development of this. Certainly the backing of our recommendations would be an Association function and an appropriate thing for any professional association to do. But I'm wondering who in the back of our minds we are thinking of within MLA as the one who is actually going to do what we recommend.

This group needs to say something about the other MLA committees involved in education. Any group working on the recommendations of this conference needs contact with the Continuing Education Committee and with the Recertification Committee to mention only two. This cross section is necessary so that people are not working in a vacuum. For example, what the Recertification Committee is working on has a direct bearing on what people involved with guidelines for a master's degree program will be concerned with.

Recommendations

That student counseling be a top priority item for library schools. It is extremely important to plan the degree program for students going into health sciences librarianship.

That schools offering courses in health sciences librarianship have an appropriate environment for such offerings. Such an environment would include access to a health sciences center.

That library school programs with concentrations in health sciences librarianship involve interdisciplinary aspects. Students should also have the opportunity to slant other course work towards a health sciences librarianship specialty.

That a relationship be established between the number of library schools needed for programs in health sciences librarianship and the size of the job market for entry level health sciences librarians.

That library schools clearly define what the basic core of information of librarianship is before attempting to add a specialization in health sciences librarianship. Curriculum design is the responsibility of the library school faculty with the help of information provided by the field of health sciences library practitioners.

That there should be library schools identifiable as centers of excellence in health sciences librarianship. Not all library schools need to be offering courses in health sciences librarianship.

That support still be given for the three program levels discussed in the 1967 conference. There is a need for modest programs in health sciences librarianship as well as for those with a full specialization. However, there is a need to look at programs at all levels and weed out the inadequate ones.

That practicing health sciences librarians accept a degree of responsibility in recruiting students interested in, and having potential strengths for, health sciences librarianship.

That practicing health sciences librarians take the broad view of library education recognizing that students in a health sciences librarianship concentration or specialty are a product of the total library school curriculum. Employers need to recognize the limitations of a specialization that is part of a one-year library school program.

That specialization be acknowledged as both possible and desirable within the first professional degree program in appropriate library schools. Offerings, however, can range from an individual course of high quality up to a full-fledged integrated sequence of courses.

That adjunct faculty be recognized as important in the teaching of health sciences librarianship. The resources of a health sciences library must be part of a specialization in health sciences librarianship.

That in order for a library school to offer a specialization in health sciences librarianship there be a strong commitment from the parent institution to provide the resources necessary – particularly the financial resources.

That the profession recognize that the job market constitutes a definite demand requiring specialization programs in health sciences librarianship.

That field experience be considered an intrinsic part of a health sciences librarianship specialization.

That MLA take a position on the development of guidelines to present to deans, directors, and governing faculties with regard to faculty qualifications, required resources, facilities, recommended curricula, and the necessary institutional environment needed to provide quality education for health sciences librarianship. This should be accomplished through a joint effort of the Division of Education, the Medical Library Education Group, and representatives who are educators and employers of health sciences librarians. Parties involved in accreditation of library programs and appropriate members of Association committees involved with education and certification should also be included.

POSITION PAPER THREE

EDUCATION FOR HEALTH SCIENCES LIBRARIANSHIP: THE MASTER'S CURRICULUM COMPONENT

Diana E. Northup

PART I

Introduction

Studies (6, 7) indicate the master's level health sciences library programs respond to changes in the field of health sciences librarianship by incorporation of new components into the existing course work. This paper proposes that the education process should go beyond responding to changes in health sciences librarianship, and provide a framework for the development of librarians who are skilled problem solvers and the initiators of programs which shape the flow of information to the health sciences professions. To accomplish this end the author proposes the investigation of the problem-based curriculum used by McMasters University Medical School in Hamilton, Ontario, Canada.

This paper provides background material on the history and existing framework of health sciences library education and examines challenges for the future. The paper describes the McMasters Medical School curriculum objectives, and the possible application of that philosophy to health sciences library education.

The second portion of this paper, by Angione, provides a look at the student's view of the health sciences component of the master's curriculum; examines the relationship to continuing education and certification; observes the responsiveness of the master's curriculum to changes in the field of health sciences librarianship; and discusses two-year and dual master's programs as two avenues for the future of health sciences library education at the master's level.

Historical Background

A brief history is necessary for examination of current issues in health sciences library education at the master's level. Detailed descriptions of the history are found in Doe (1), Brodman (2), Postell (3), Hill (4), and Virgo (5). The following are important highlights in the evolution of health sciences library education:

1923/24	The University of Minnesota offered the first formal training in medical librarianship, although no students enrolled that year.
1939	Thomas Flemming taught the first course in medical librarianship at the Columbia University School of Library Service.
1941	The first internship program was offered at Tulane's Rudolph Matas-New Orleans Parish Medical Society Library by Mary Louise Marshall.

1948 The Certification Code was adopted by the Medical Library Association. The Certification Code gave momentum to the creation of several new courses in medical librarianship.

1965 Congress passed the Medical Library Assistance Act. This Act authorized grants for training at the master's level which encouraged additional growth in the number of medical library education courses.

1967 At the Conference on Education for Health Sciences Librarianship, Rees (6) noted that 16 schools were offering 19 courses in health sciences librarianship. He further concluded that "education for medical librarianship consists largely of courses which are introductory in nature or which are oriented towards medical bibliography."

1978 Roper (7), at the Annual Meeting of the Medical Library Association, observed that 70 courses in health sciences librarianship were being offered by 47 schools. He also observed that "essentially the same pattern continues of one course attempting to cover both the literature of the health and/or biological sciences and the administrative aspects of health sciences librarianship."

Two main reasons for growth in the number of courses appear to have been the availability of federal funds for training purposes in library schools, and adoption of the MLA Certification Code. However, because the need to train greater numbers of health sciences librarians no longer is a critical issue, and because federal funding has decreased in recent years, that growth curve may well level off. Mirsky, at this conference, is examining the effects of certification on health sciences library education.

1967-78 Comparisons

Rees Review – 1967 (6)

During the Conference on Education for Health Sciences Librarianship in 1967, Rees grouped the courses then being offered in health sciences library education into three types:

I. those providing a general introduction to health sciences librarianship;

II. those devoted primarily to health sciences bibliography;

III. those offering in-depth instruction in specialized aspects of health sciences librarianship.

Out of eleven schools offering an introductory, Type I course, three provided for a supplemental, Type II bibliography course. Six schools concentrated exclusively on a Type II course in health sciences bibliography; only two offered the Type III specialty course. Rees concluded that:

"at the present time, education for medical librarianship consists largely of courses which are introductory in nature or which are oriented toward medical bibliography. . . the deficiencies are related to the extent of specialization at present provided within library school curricula."

He proposed a model for specialization in medical librarianship in which he recommended the following types of courses:

1. Basic Principles and Techniques of Librarianship
2. Structure, Organization and Management of Medical Library Resources, Facilities and Technology
3. Subject Content of Biomedicine (including Terminology)
4. Environmental Setting of Medical Practice, Medical Education and Medical Research

While, according to Rees, the first two course recommendations were covered in existing health sciences library education, the last two urgently needed curricular recognition and development.

Roper Survey – 1978 (7)

In 1978 Roper presented a paper at the Annual Meeting of the Medical Library Association, surveying the present structure of health sciences library education in library schools. He noted the following developments since Rees's review:

1. Growth in the number of courses. One dramatic feature of this eleven-year period was the increase in number of health sciences librarianship courses offered by library schools:

	1967	1978
Number of schools offering health sciences library courses	16	47
Number of courses in health sciences librarianship	19	70

Of the 47 schools listed in 1978, thirty offered only one course, "An Introduction to Health Sciences Librarianship," which includes bibliography. One school, offering seven courses, has developed the extensive curriculum proposed by Rees.

2. Use of practicums. Thirty-two of the 47 schools in the survey offered practicums as a means of providing experience in health sciences librarianship.

3. Incorporation of MEDLINE training. As a result of increased MEDLINE use throughout the biomedical library community, many prospective employers list MEDLINE experience as a job prerequisite. Library schools have responded by providing MEDLINE training along with their regular course work. Roper found that 34 of the 47 schools included some course work with MEDLINE, varying from demonstrations to actual hands-on experience.

Roper concluded that "essentially the same pattern continues of one course attempting to cover both the literature of the health and/or biological sciences and the administrative aspects of health sciences librarianship."

1967-78 Comparisons: Conclusions and Questions

In comparing Rees's and Roper's surveys, two conclusions may be noted:

1. The number of schools offering courses in health sciences librarianship has increased; however, these schools have maintained the pattern of offering primarily one introductory course, combining health sciences bibliography and administrative aspects of health sciences librarianship.

2. Within the basic introductory course, health sciences library education does respond to changes in the field of health sciences librarianship. Roper offers one example of this in his survey of schools offering some degree of MEDLINE training.

The following are questions raised by the surveys of Rees and Roper in need of discussion at this conference:

1. To what extent should MEDLINE training be incorporated into the master's level health sciences library education?

2. How do we accomplish "improved means of input for library practitioners into library school programs?" (7)

3. To what extent do we really know what is being taught in the 70 courses in health sciences librarianship? Can the functions determined for the certification exam provide a basis for a more detailed profile of what the different library schools are teaching in the health sciences library course work?

4. Can library schools continue to "incorporate new units or . . . design new courses to cover areas on the certification exam that the courses do not currently cover"? (7)

5. How do we provide students with "a sense of the forest, not just of some of the trees"? (7)

Future of the Health Sciences Component of the Master's Level Curriculum

Challenges and Changes

Matheson (8), in her address to the 1976 Annual Meeting of the Medical Library Association, writes:

> "There appear to be three significant trends in library operations generally: (1) changing management practices; (2) realignment of operational goals away from technical processing activities and towards consumer services, particularly client-centered outreach services; and (3) identification of education functions as a primary professional role."

Of the future, she notes:

> "I suspect that the institution of the library with its present service configurations will not endure for long . . . but I am convinced that the continuing evolution of our profession depends on reorienting ourselves from technological to intellectual specialties, from bibliographical utilization to knowledge utilization."

Schoolman (9) adds:

> "The next decade holds many challenges and opportunities for the whole health science community. The professional medical librarian of the future should operate as an integral part of the health sciences education team and, therefore, of the decision-making process. To prepare for this role, careful and extensive reorganization of their training needs to be undertaken."

Several questions arise that have a bearing on our response to future challenges in the field of health sciences librarianship:

1. How will those persons capable of carrying out reorganization of the field of health sciences librarianship be selected and educated?

2. How can health sciences library education respond to the number and type of needed capabilities?

3. Will further curriculum specialization or adding new material to existing courses merely reflect the changes in the field?

Educational Developments from the Medical Profession

For the past decade medical education has been struggling with the question of how to prepare students for their changing role in the health care field. The information explosion has made it increasingly difficult to absorb all or any major portion of medical knowledge. The response of the medical profession for many years has been in the form of increasing specialization at the cost of a narrowing view. Student criticism of the basic science portion of the

medical curriculum which is viewed as lacking in relevance and stimulation, has been another problem.

These challenges also are reflected in health sciences library education. Information overload, increasing specialization, and criticism for lack of relevance pose similar problems in both fields. The experience of the medical profession in dealing with these issues may, in turn, provide guidelines for development in our own field. For example, the trend toward medical specialization is to some extent being reversed; teaching the concepts of medicine and developing general practitioners is being emphasized. In the area of the students' perspective of relevance, medical educators have long observed that, unlike the basic sciences, the clinical portion of the curriculum seems more relevant to students, since it more closely replicates practical situations in which students expect to find themselves.

The McMaster University Curriculum

One program from the medical education field having potential applicability to these problems, also identified in health sciences library education, is the McMaster Medical Curriculum. This innovative experiment, begun in 1965 at McMaster University in Hamilton, Ontario, Canada, has attracted the attention of educators from several other medical schools. It is of interest to health science library educators as a method for preparing students to face changing roles.

Neufeld (10) and Hamilton (11) provide detailed descriptions of the McMaster program. The curriculum has been designed without traditional courses in anatomy, physiology, pathology, etc. Rather, course work is divided into four phases, the first three of which emphasize problem-based education. Students work in groups, guided but not directed, by the tutor and using various learning resources, such as simulated patients, problem boxes, audiovisual materials, and faculty. The tutor, within the structure of the group, offers some guidance in the selection of learning goals and resources. From the first day student groups evaluate one problem after another, identifying those basic and clinical sciences necessary to isolate the issues and to explore a specific problem. The fourth phase is composed of clerkships. Separate programs provide opportunities to learn clinical skills (e.g., the physical examination), and to delve more specifically into subspecialties (e.g., ophthalmology). Evaluation is accomplished by the student, his peers, and his tutors.

The McMaster program responds to the core problem existing both in the medical field and the library field: *students cannot be taught everything they will need to know as practitioners.* In addition to the issues mentioned above, much of what is learned changes even while students are in school. In designing such a seemingly unstructured curriculum, the planners identified and concentrated the students' learning on a set of common critical problems in medicine, ensuring a choice of biomedical problems that would stimulate a study of concepts fundamental to essential disciplines. Through the study of problems in the first of these phases, the medical student acquires his fundamental knowledge of medicine. More important, through problem solving, he acquires the techniques for lifelong learning.

Goals of the McMaster Curriculum

The goals of the McMaster Medical Curriculum are to teach students to:

1. Develop the skills and learn the methods required to define and manage health problems.

2. Identify and define health problems and to search for information in order to resolve or manage those problems.

3. Examine the underlying issues when given a problem.

4. Critically assess professional activity related to service and research.

5. Become a self-directed learner, recognize personal educational needs, select appropriate learning resources, and evaluate progress.

6. Recognize, maintain, and develop personal characteristics and attitudes required for professional life.

7. Function as a productive member of a small group.

These goals illustrate that the overall emphasis of the McMaster curriculum is not on the specific knowledge gained, but on the process of acquiring that knowledge. This emphasis is designed to produce a good practitioner as well as a critical analyst and a lifelong learner.

Three methodologies were employed in designing new approaches to a medical school curriculum at McMaster: a) integrated problem-based learning; b) self-directed learning; and c) small group learning. Together these three comprise the strength of this program, which produces a physician who is a self-motivated learner, excited by learning, and capable of reaching new solutions to problems.

Integrated problem-based learning. An important feature of problem-based learning, and one which pervades the McMaster curriculum, is its ability to simulate real life situations. Students are not merely taught the answers by a teacher. Students are encouraged to explore, under the guidance of a tutor, solutions to problems, a method with several advantages:

1. by providing a more realistic background, the student's desire to learn is enhanced;

2. information acquired in this manner is more likely to be remembered;

3. the method is more responsive to students with different educational needs and learning styles;

4. students develop continuing education skills useful over the years.

The use of problems throughout the first three phases provides an integrated approach to clinical and basic sciences. This approach increases interest in the basic sciences; it also habituates the practicing physician toward an examination of both the basic and clinical science aspects of a problem.

Self-directed learning. One important tenet of adult learning theory is that by making persons responsible for their own learning, motivation is much stronger than that provided by a teacher. In deciding what must be learned, the student also initiates his own self-evaluation, recognized as a powerful force in learning. As in the problem-based learning method, self-directed learning forms the basis for a lifetime of continuing education.

Small group learning. Although mainly an environment for learning, small group tutorials accomplish several objectives:

1. Students learn human interaction skills.
2. Members of the group teach one another, pooling their common knowledge.
3. Group members provide mutual support in the learning process.
4. Peer evaluation and motivation are accomplished in a nonthreatening environment.
5. By setting its own group learning goals, the group reinforces a lifelong pattern of shared learning.

Accomplishing these objectives helps develop physicians capable of working with colleagues to find solutions to problems.

Application to Health Sciences Library Education

Despite the many changes that have evolved in health sciences library courses, the specialized curriculum envisioned by Rees in 1967 has not been implemented in the majority of schools. Many factors, including the curtailment of federal funds for master's level training programs make further specialization of the curriculum in response to changes in health sciences librarianship unlikely in the near future. Nor can library schools meet new trends by continuing to add components to existing courses. By translating "health problems" into health sciences library problems, the goals of the McMaster curriculum become appropriate for health sciences library education. The application of the McMaster model offers possibilities for accomplishing these goals, and for producing graduates capable of shaping a rapidly changing future as well.

Emphasis within the existing framework of courses in health sciences librarianship might well be shifted to problem-based learning, thus providing an integrated approach to learning, with an emphasis on a more adequate grasp of concepts. Common, critical problems could be identified to develop the knowledge needed by future health sciences librarians.

As a specific example, students might study the problem of obtaining information on whether ACTH or adrenal cortex hormones are better anti-inflammatory agents. The tutorial group, with guidance from a tutor, would identify underlying issues inherent in the problem:

1. What terminology must be learned to find this information?

2. What must be learned about inflammation?

3. What types of information are available on this subject?

4. Where is information on this topic found?

5. What is the most efficient way to find the information?

6. Are current methods of locating this information the best possible? What other means are available?

7. What role does the library play in finding this information?

8. Should the user find the information or should the librarian retrieve and synthesize the information for him?

After deciding which of these learning issues to explore, the student group, with guidance (but not instruction) from the tutor, would pursue the concepts of information location and organization. In the search process they learn about *MESH,* information retrieval, medical terminology, and other information-seeking tools. The tutor insures that the group decides on an adequate and reasonable selection of learning objectives. He may also offer appropriate learning resources for the students to consult, which may include other faculty members.

The planners' careful identification and structuring of the problems within the course, and the guidance of the tutors, would ensure that relevant knowledge is gained. More important, the student would learn the process of identifying and locating information about problems encountered in actual practice. Cataloging, reference, information storage and retrieval, acquisitions, automation, administration, and other learning categories would be integrated within the framework of common problems a student might encounter as a practicing health sciences librarian. An additional benefit would be achieved: the system would produce health sciences librarians rather than "reference librarians" and "catalogers," thus lessening the traditional barrier between technical and public services.

The exploration and development of the McMaster model could provide the means for health sciences library education to assume a more effective role in producing individuals skilled in shaping the knowledge utilization of the changing health care field.

While the challenges and changes facing health sciences library education are many, the resources and people dedicated to this task also are many. Hopefully, this paper has offered some initial points for discussion.

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EDUCATION FOR HEALTH SCIENCES LIBRARIANSHIP: THE MASTER'S CURRICULUM COMPONENT

Pauline V. Angione

PART II

Introduction

While the first part of this paper has presented a summary of activity in the curriculum area and a model for instruction applicable to library school use, it is the intention to concentrate here primarily on various aspects of the master's curriculum and its relationship to career, continuing education and Medical Library Association certification with the emphasis being on the student's role and viewpoint.

Student View of Health Sciences Component of the Master's Curriculum

Career Development as a Basis for Curriculum Expectations

To anyone who has ever analyzed a survey of library school alumnae, the following statement will come as no surprise. Students want different things from the curriculum after they graduate than they thought they wanted when they were in school. Given a year or two to test their newly earned degree and to become involved, even if only to a minor extent, in the administration of a library, they suddenly see the need for the advanced administration, research methods, and comparative cataloging courses that they had been advised without success to take when they were in school. And, now that their skills have been tried and polished they are considering those "incredibly elementary" introductory courses in cataloging and reference that they did take as having consumed too many of their valuable curriculum hours. These ex-students have, of course, forgotten the days when they didn't know what an "entry" was, and they continue to despair at the trouble that their average college student patrons have using such "simple" tools as the card catalog and *Biological Abstracts.*

In a recent informal discussion on curriculum planning and change with the students in the health sciences librarianship course, some interesting, and I think fairly common, themes appeared. Most of the students were near the completion of their course work, and they were primarily concerned with surviving the first week on the job. For most of them this meant that reference skills, including on-line system use, were the things that would help them most. And, thus, these were the things that they saw first as areas where the curriculum could be expanded. As the discussion continued they did recognize the other aspects of librarianship, such as administration and technical services, as being essential curriculum elements also, but their initial reaction to more depth of courses was still centered in the areas they felt they would *use* first.

And, next year, when these same students receive the school's questionnaire to alumnae requesting suggestions for changes they will have reached the point in their career where what they feel is needed are more courses in advanced administration, etc. Again, this is

nothing new to those who have advised students, served on curriculum committees, and done continuing education needs surveys. But, it is still very useful input. For, what individual students want and need in a health sciences librarianship course reflects not only very tellingly on many aspects of the curriculum, but also on the ways in which the students perceive their own current and future roles and responsibilities within the field. And, student needs do change as the field changes. It often seems to be from the students who are working, interviewing, and reading the current literature that we receive the necessary feedback to make some changes. And, even if this consists mainly of requests to repackage the same messages in forms more currently being recognized as relevant, this serves a useful purpose. The benefit of the two views, student and professor, working together provides a valuable perspective to both.

There is here also a matter that illustrates what appears to me to be a real and growing problem. There is no *one* student view of what is needed in the curriculum, particularly in the health sciences librarianship area. Not only does the population of students in the health sciences librarianship course represent the standard library school range from the total neophyte to the part-time student who has had years of library work experience, but it adds a set of variables of its own.

Students who already have a fifth year degree are often not from the school in which they are taking the health sciences librarianship course. They thus place different demands on the curriculum than those presented by the school's own students or graduates. Professionals taking the course "to help prepare for the certification examination" want yet another approach. And, at the same time all groups want what is new and important to them (and apt to be asked on the certification examination. More on this later.) all in one course.

Those trying to learn new skills or to update skills also come to the library schools looking for courses. And, again, they constitute a very different learner group with which to deal. While I do feel that library schools have a definite responsibility to participate in the provision of continuing education opportunities for their graduates and for librarians in the geographic area, my own personal philosophy holds that this obligation cannot be met by simply adding these people to our master's level courses. The primary responsibility of the master's curriculum is to the school's students working toward the first professional degree, and we are doing a disservice to all student groups if we do not take into account the differences in their wants, needs and learning styles.

Other discussions at this conference will, I am sure, also address these points. Suffice it to say here, that students working for the first professional degree and faced with a rapidly changing work environment do come to library schools seeking courses to best prepare them to function as competent professionals. The schools have a responsibility to offer such courses along with advice in selecting courses based on the advantages that perspective affords.

More Extensive Health Sciences Programs Within the Master's Curriculum Including Two-Year Programs

Given the data presented earlier from the Roper study, that thirty of the forty-seven schools offering health sciences librarianship courses offer only one such course, it is easy to see that a more extensive program in health sciences within the master's curriculum could in many cases simply mean the expansion of course offerings from one to two courses. And yet even this leads very rapidly to the "adding means deleting" syndrome.

Students are faced with a difficult enough task in identifying and taking courses that cover the necessary range of topics they require and that they have a right to expect to find in a professional degree program. They must start from a liberal arts or science background and become "promising young professionals," in a new academic specialty within a year.

Obviously, opportunities to specialize, even if this is only one course, can be difficult for students to identify, and also for student and school to schedule.

If one is to design and offer more courses within the master's curriculum specifically aimed at health sciences librarianship one must first answer the questions:

1. If these courses are to be in library areas, and if they are not solely related to health sciences libraries, are these topics covered, or should they be covered in other courses in the standard curriculum?

2. If these courses are not in library areas, in what areas are they to be? The choices include biology, sociology of medicine, management of health care, etc.

There is no simple answer for student or school. The general response from my students when discussing the addition of courses to the library curriculum was that if additional courses were to be substantive courses, offering material significantly related to the degree that they were seeking, and ultimately to the careers for which they were preparing, and if students could not get the material in other course in the library school curriculum, then they did want such courses and they were willing to invest the time and the money necessary to take them.

It is well to remember also, that there are ways other than adding courses in which to allow for specialization. Students who have decided on a specialty can do much within the standard curriculum to tailor course work to their specialty when given an opportunity to do so. I can remember one of my fellow students when I was in school asking me if I *ever* wrote a paper that wasn't "somehow about NLM." When I thought about it I realized he was right, and I have often recommended the same type of elective concentration to anyone interested in exploring a field in depth within the context of standard or even required courses.

Also, the expansion of the library school curriculum to a two-year program does not mean that the addition of courses is the only advantage to be gained. Certainly the possibilities mentioned above for students to have a longer time period over which to identify a specialty and then to do more in-depth study in that area in the context of regular course work would be greatly facilitated in a program with a two-year rather than a one-year time base.

Students want as much as and more than they can fit into their education programs. But, they do not want and do not deserve either a hodgepodge or an overly specialized program.

Second or Dual Master's

For students truly interested in health sciences librarianship as a specialty, (not all the people that we see in our classes are. More about this later.) there are possibilities open for related course work and degrees outside of the library school's curriculum.

As an already recognized specialty within librarianship and one that deals very closely with highly sophisticated and complex subject content, health sciences librarianship is an ideal area for a second master's or dual master's program.

The dual master's program offered by the library school in conjunction with another department is an ideal opportunity for some students to develop or refine their subject skills. However, we thus come face-to-face with the need first to recruit students whose previous education and training make them eligible for graduate level programs in the health sciences and related fields. An English major cannot qualify for a graduate microbiology program and most universities will not grant graduate credit for introductory courses in general biology.

Whether the responsibility for the second master's lies solely with the student or rather in the dual master's programs arranged by the library school is another area open for discussion.

Many students that I talk to want the library school to supply the curriculum for the library degree and let the students choose their own particular combination of educational input for the second master's. Obviously library schools located in university settings have a greater opportunity to facilitate both types of programs but many possibilities are available for all types of schools when the students take responsibility for identifying and taking what they need and want.

Recruitment and Selection of Students

For a qualified undergraduate in the sciences, a double or dual master's in librarianship and the sciences offers many opportunities. Indeed such career possibilities are an added recruitment benefit to be offered to potential students. Such programs also mean that graduate science departments become a new forum from which many graduate library schools can recruit students right on their own campuses.

Schools are thus offered the opportunity to select candidates with an already displayed interest in the sciences. And these students already possess subject skills, an understanding of the scientific process, and of the ways in which efficient and effective access to and retention of the literature contributes to this process.

What of the many potential students who never learn of the opportunities available to them within the field of librarianship? As library schools search in general for more effective ways of attracting students, this appears to be one area that offers many possibilities. The pool of those with science and quantitative backgrounds is still not being tapped by the library

profession. Librarianship and health sciences librarianship in particular offer much to attract and challenge those with science backgrounds. Overall recognition of this potential and an active campaign to bring this information to college career guidance staff and college student, still appear to be lacking.

The college I attended had never before had anyone from the biology and chemistry departments select library school as a first choice master's program. And, when I first went to school I was seriously considering it as an interim degree to provide employment opportunities while I pursued further course work in the biological sciences. Once in library school, however, I found the combination of working with the subject matter in which I had been trained along with the added context of organization and access to information of those fields to be not only a viable alternative to further research in the subject field itself, but also an obviously distinct area of need within the sciences. Perhaps the field in general lacks enthusiasm for the recruitment prospects mentioned above because so many of its current members, not having science backgrounds, do not have the same view. Consider what the field of health sciences librarianship has accomplished with those attracted to it from outside the sciences. Consider what it could do with people already possessing subject skills and an understanding of the format of the sciences, who are also formally educated in ways to facilitate access to information in those fields.

Education of students to be self-motivated problem-solvers is much easier when they have an understanding of the ways in which information is utilized and of the crucial role that it plays in scientific research and application.

Course Work, Practicum, Pre-professional or Professional Experience?

Course work is still very much the basis of our degree programs. Formats, equipment and delivery techniques change, but the basic course structure remains. In developing curriculum we must define an area of knowledge to be addressed within a given time frame and with a given organization. Yet, course work does not operate in a vacuum and two of its primary cohorts and competitors are the practicum and library work experience.

Recognizing that many practicums do exist (thirty-two of the forty-seven schools surveyed in the Roper study offer a practicum) the recurring debate as to whether the practicum belongs in graduate library programs will not be treated here. Rather, the concentration will be on the factors affecting the student's decision to choose a practicum as part of his or her formal education.

It is assumed here that the practicum is an elective and is of the type where the student rotates through all library functions or departments under the supervision of a professional librarian.

The basic questions to be considered in deciding whether a given student can benefit from a practicum include:

1. Is the program carefully structured and supervised and yet still responsive to the individual student's needs?

2. Does the student need or want work experience of the type offered in a rotation situation such as this?

3. If the student has not yet made a definite decision as to that area of library work which would be most attractive on a full-time career basis, will the practicum facilitate that decision?

4. Will the practicum provide the necessary context in which the student with limited previous library work experience can determine the significant ways in which the work of a professional health sciences librarian differs from non-professional or non-health related library work?

5. Are there other courses within the curriculum from which the student would benefit more or without which a particular student's program would be incomplete?

The practicum has many benefits for some students in giving them a view of professional library work within an educational frame. Yet, for various reasons it is not a necessary or advisable course for all.

Pre-professional library work experience has obvious advantages for some students. It, like the practicum, provides a context in which the student can place the more general principles taught in school. In addition, it provides the student with a record of related work experience and it provides income. It often does not, however, give the student a balanced idea of library functions, nor does it usually give a clear picture of the duties and responsibilities of a professional librarian.

Professional library work experience is the placing of theory into practice in a real life environment, yet it too can lack the overview that a structured educational opportunity can provide, and which some librarians never do have the chance to obtain.

Should a student take a practicum in preference to some other course or instead of a part-time job?

Based on already available work skills, financial constraints, and scheduling possibilities, along with the factors listed above, it is a very individualized decision.

Placement Prospects in Health Sciences Libraries

Students with an already established interest in health sciences libraries have the advantage of being able to define and focus their job-finding activities over a longer time period than that available to students undecided about career aims. They can thus locate, or in some cases create, positions where and when they need them. Again here one is dealing with many non-curriculum factors. The number of health related libraries in the area, the size of the available professional labor force, the geographic constraints of the graduate, the graduate's previous work experience, the school's contacts and the school's commitment to the student placement all play a part.

Another important factor both here and in recruitment and one which plays a very important role in the perception of and the ability to find positions within the profession is the dedication and enthusiasm of practicing health sciences librarians. I have never had a librarian refuse to talk to or work with a student, and I continue to be impressed with both the quality and the quantity of time that librarians willing invest in their potential successors. The enthusiasm is pervasive and the library community itself is quick to welcome new beginning professionals. Students sense this and are able to utilize such contacts in finding positions. And, as health sciences librarianship programs are developed and qualified entry level librarians are graduated from them, it is to the professional credit of the librarians seeking staff that they do look first for the qualified student/graduate.

The problem situation in which some recent graduates now find themselves when they are eligible only for provisional certification, and certification is listed as a required and desired employment parameter, should be alleviated as more information on and understanding of the certification becomes available.

As mentioned earlier in this paper, students do appear in our classes or offices whose primary interest in health sciences librarianship lies in the placement opportunities that it can afford. They are generally drawn by the field's visibility as a specialty and what thus appears to them as enhanced prospects for more specialized and better paying work positions. Such students usually discover through discussion with an advisor, visits to health science libraries, consideration of their background and interests and investigation of course content that they either are truly interested in making the additional investment in training that the field requires or that there are other careers more viable for them to pursue. Either solution puts the placement question in a much clearer perspective.

Relationship of the Master's Curriculum to Other Education Programs

Relationship to Continuing Education

The principal issue here seems to be determination of responsibility within the master's curriculum for continuing education. As stated earlier, I firmly believe that the primary responsibility of the master's curriculum lies in preparing people for the first professional degree. Yet, continuing education opportunities can sometimes be realistically identified and made available within this framework.

Health sciences librarianship does facilitate this process to some extent by its being a specialty area in which only one course at a library school can directly benefit those who do not want or need the rest of the curriculum, although, as noted earlier, this can present problems of its own.

The field of health sciences librarianship is also fortunate in having a broadly based continuing education program within a related professional association. And, this program can be seen to provide the types of courses that graduates of the master's curriculum need and that are not appropriate for inclusion in the master's program. Courses students did not have time for, courses they didn't realize they needed at the time, very specialized courses not

requiring a full term's attention, courses that are required for professional growth and advancement, and courses representing developments in the library field after they had graduated, are all available from the professional association.

The Medical Library Association's continuing education program also addresses another group which the master's program cannot, that is those who do not have access to, do not need or do not want a professional degree program.

Relationship to Certification and Certification Examination

The certification program including the certification examination has raised many questions as to how, in essence, competency-based testing is related to the education offered in our library schools. Much of the discussion centers on other issues, such as the resultant need to restructure the curriculum, but the basic question lies in the relationship of the master's curriculum to questions of competency.

Here again I think a greater dissemination of information directly addressed at promoting understanding of the goals of the certification program is first necessary to eliminate much of the concern and confusion.

Schools are still providing students with an education and still have certain expectations for the graduate's ability to apply this education in a work situation. But, a professional association is now providing a formal mechanism for measuring and verifying this process on an individual performance basis.

It is not, however, as it is sometimes represented, a case of a single educational program's success or failure that is being evaluated. It is rather a person's competency that is in question and this is a responsibility shared by the school, the employer and the librarian. A greater understanding is very much needed as to how these groups can and do function together to produce a competent librarian.

Responsiveness of the Master's Curriculum to Changes in the Field of Health Sciences Librarianship

Can a course which has in the last fifteen years only changed its name from *Medical Librarianship* to *Health Sciences Librarianship* possibly be keeping up with developments in the field?

One certainly cannot judge a course by its title alone.

But, what seems an even more essential point is how we differentiate between teaching of what is deemed a body of truth necessary for the profession from a mere perpetuation of course content that is indicative of a lack of responsiveness to changes in the field itself.

The answer seems to lie in a closer look at the match between curriculum content and the field itself. And, for the most part, even judging from the little data that is available to us, the health sciences librarianship portion of the curriculum *has* changed. The field is no

longer primarily identified solely in terms of a specialized form of bibliography. Rather, it has watched other areas of the curriculum adopt innovations from the health sciences librarianship field: automated retrieval systems, more extensive use of audiovisuals by professionals, special classification systems, profession-based continuing education programs – the list goes on and on.

At the same time, how much have our course content and teaching methods changed? Are we incorporating changes quickly enough? In answer to this I would first ask does all change mandate revision of or inclusion in course content? And, recognition and delineation of certain new developments is very different from espousal of them as new principles in the field. Are we not teaching students to confront change, to evaluate proposed change on the basis of available knowledge and understanding, and to formulate critical opinions? And, if so, then aren't new developments in the field and their incorporation into course content an evolutionary rather than a revolutionary process. Similarly, how can we face a group of students and not need to be able to discuss with them the ways in which the results of yesterday's congressional decisions on the copyright problem or the papers we heard at the last MLA Annual Meeting relate to course content? I, for one, cannot teach solely in the past tense and besides my students don't let me!

We could also usefully question certain cause and effect relationships that have a bearing on our discussions. Can we not identify certain changes within the field of librarianship that have indeed been caused by what we have been teaching? And, thus it is not always the case, as we are often made to believe, that changes in the field must cause our teaching to change.

Conclusions

I, obviously, have not been a purely objective observer of the health sciences component of the master's program over these past thirteen years. But, I have had more than adequate opportunity at four different schools to observe, to plan programs, to take and give courses, to advise students, to serve as a student in a trainee program, a teaching assistant, a research associate, a lecturer, an instructor, and an assistant professor, to serve on curriculum committees, to handle placement and to be involved in the planning and execution of the Medical Library Association's continuing education and certification programs.

However, the preparation of this review coincides with my own at least temporary departure from teaching, and I feel I am thus offered a unique perspective.

First, I can place the responsibility for the implementation of the results of this conference on *your* shoulders, while remaining an enthusiastic supporter of the continued development of what I have found to be an interesting, changing and relevant area of librarianship. It is a field with programs to challenge the skills and imaginations of many. And, certainly an understanding of and appreciation for the way in which the master's program relates to the total educational opportunities and mandates of the profession is only one of the items on that list.

The master's curriculum portion of the education of a health sciences librarian is such a critical element, yet it is at the same time such a short period in the professional's career.

There are many principles to be taught and learned, and there are so few months, or even weeks when we speak of the health sciences librarianship course alone, in which to do it.

As each year has passed I have become more and more convinced that the master's program does indeed do a vital and essential job in this process, that it does it well, and that it can always, and continues to try to, do it better.

RESPONDENT'S COMMENTS – POSITION PAPER THREE

Education for Health Sciences Librarianship: The Master's Curriculum Component

Respondent: David Bishop

Having been talked into being a discussant for "a" paper, I awoke to find I had *two* papers to discuss – one by Diane Northup and one by Pauline Angione. Each deserves a full 10-minute discussion, but I'll try to compress my remarks and not do a disservice to either. You'll find we have a diagnostic as well as a therapeutic problem here: as USC's Dr. Stephen Abrahamson would put it (1), Ms. Northup diagnoses degenerative curricular arthritis while Professor Angione worries about idiopathic curriculitis.

The Northup paper gives an historical overview of the coverage of health sciences librarianship in the master's curriculum, and a summary of current developments, leading to an instructional model from medical education being recommended for library school adaptation.

In her progress/no-progress report, Ms. Northup compares Alan Rees' paper at the 1967 conference with Fred Roper's 1978 MLA paper. (Rees noted the predominant *single*-course offering of an introduction to health sciences librarianship *or* of health sciences bibliography, with a plea for more and varied courses in special areas of the health sciences. Roper found *some* changes, with 47 schools offering 70 courses (though 30 of the one-course type, and only one offering seven courses of the Rees type); 32 offering a practicum; 34 offering MEDLINE training).

Ms. Northup notes, with Dr. Roper, the sameness of the one-course offering, despite the increase in schools, and also the response to change as shown by the incorporation of some type of MEDLINE training.

She asks us five questions, following Fred Roper's lead:

1. What should be the extent of MEDLINE-type training?
2. How do library schools get "improved input" from the field?
3. How do health sciences libraries *know* what's taught in the schools? (Should we use the *functions* determined for the certification examination as a baseline?)
4. *Can* library schools continue to incorporate new units/courses?
5. How does one go about giving students the broad view?

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(1) Abrahamson, Stephen. Diseases of the curriculum. *J. Med. Educ.* 53:951-957, Dec 1978.

She also throws out some *future challenges* (from Nina Matheson's crystal ball and Harold Schoolman's ruminations):

1. How should library school's select and educate those capable of reorganizing health sciences libraries for future developments?

2. How do library schools respond to the number and type of these needed capabilities?

3. Will further curricular changes be reactive or positive and directional?

Ms. Northup then recommends that we learn from experiments in medical education *how to prepare students for a changing professional role*. The model she chooses is the McMaster University Medical School curriculum, with its techniques ("methodologies") of integrated problem-based learning, self-directed learning, and small group learning. The need for "problem-solving skills" is stressed on the grounds that students cannot be taught everything they will need to know. As an example of problem-based learning in a library school she shows the development of a reference search on an anti-inflammatory agent with "guidance *(but not instruction)* from the tutor." She even goes so far as to say that while planners and tutors "would ensure that relevant knowledge is gained" – without saying how – yet "more important [sic], the student would learn the *process* of identifying and locating information."

In my view, Ms. Northup goes much too far. It is true that students cannot be taught everything they need to know. But they must have a *basic core* of learned knowledge to both recognize and solve problems. (Even at McMaster they can't solve a metabolic disease problem without knowing the underlying biochemical processes.) A balance is needed between content and process. Also, Ms. Northup should recognize that the McMaster program is heavily dependent on the dynamism of one man (Howard Barrows); that the results of medical training at McMaster seem to be equal to, but not superior to, those of traditional medical training; and that the McMaster method has not been widely adopted.

Nevertheless, we are left with three valid questions:

1. How *extensive* should special health sciences library training be within the library school curriculum?

2. What *educational methodologies* should best be used in such training?

3. And how do we act to *prepare* for future changes and future needs?

As if that's not enough food for thought, we have also Pauline Angione's wide-ranging paper, in which she concentrates on various aspects of the curriculum in relation to (a) a *career* in health sciences librarianship, (b) *continuing education* in our specialty, and (c) MLA *certification*. She discusses these aspects under nine rubrics, all with emphasis on the student's role and the student's viewpoint.

Professor Angione's first rubric is *career development as a basis for curriculum expectations.* She points out that student pressure for courses in health sciences librarianship is centered on what they feel they can most readily use at the next step in their career. Obviously what a student can use depends upon his or her stage of career development, and Ms. Angione opts for the students working toward the first professional degree as the proper primary responsibility of the library schools.

Secondly, Professor Angione discusses *more extensive health sciences librarianship courses* within the curriculum. One runs into the "adding means deleting" problem as well as two basic questions. Are the topics covered or should they be elsewhere in the curriculum? If not, how are you going to choose one or two from the vast array of areas needed? Specialization may not need extra courses, even in a two-year curriculum – but, rather, careful course selection by the student planning to specialize.

Thirdly, we come to the *second or dual master's* possibility. This is laid more at the student's door than the schools', but it does lead to a fourth point: *Recruitment and selection of students.* Here a plea is made for the profession to recruit those *already trained in the sciences* (with a corollary on such students being fertile ground for *self-motivated problem-solving).*

For a fifth topic we are to consider *course work versus the practicum* or pre-professional library work experience. The conditions for successful practical work are outlined, as well as the advice that course work is the core, and that the worth of practicums is very much an individual decision.

A sixth aspect of health sciences librarianship training within the master's curriculum is its relation to *placement prospects* in health sciences libraries. However, non-curricular factors are seen to be dominant here – but we in the field are commended for seeking first for the most fully qualified graduates.

This leads us to our seventh aspect, the master's curriculum responsibilities for *continuing education.* The master's curriculum is confirmed as being *primarily* the preparation for the first professional degree. Continuing education can sometimes be a proper function of special health sciences course work, but only secondarily. The MLA continuing education program is the proper forum.

Which brings us, of course, to topic eight, the relation of the master's curriculum to the *Certification Examination.* Professor Angione stresses that it is *individual* competency that is being tested and that in this area the schools, the employer, and the new librarian must work together. She does not, however, suggest how we go about doing this, and I hope later today we can develop this further.

Finally, the *responsiveness to change* in the health sciences librarianship portion of the master's curriculum is confronted. Professor Angione's discussion on this is very polite – but in essence she's saying, "Yes, dammit, we do keep up with change and we do prepare our students for further change." She also issues a warning – that new *developments* in a field are not necessarily new *principles* in a field. We are given an argument for the evolution of the curriculum rather than its revolution.

In her closing statement, Professor Angione underscores the point that the master's curriculum is only one short segment, however critical, in a career in health sciences librarianship — and that, by and large, it's doing a pretty good job.

To oversimplify terribly, I'd say that Diana Northup feels we need some changes fast, before external change overwhelms us, and recommends a revolutionary educational model to help us out. Pauline Angione says it's not that simple, that curricula are onion-layered things, and that they *are* evolving in response to change. And I'm caught in the middle.

To give our discussions a focus, let me repeat some key questions from both of our authors:

1. How *extensive* should library school specialization in health sciences librarianship be?

2. For *what group* of students?

3. In *what relationship* to the *rest* of the curriculum?

4. To *what primary end?*

5. Using *what educational methodologies*, and what balance of course work to the practicum?

6. For *how far* into the future?

GROUP DISCUSSIONS AND RECOMMENDATIONS

Group comments from the discussions concerning the third position paper on the health sciences librarianship component of the master's curriculum can be grouped according to the following topics: 1) Qualifications of health sciences librarians, 2) Counseling, 3) Content of the health sciences librarianship curriculum, and 4) Teaching methodology.

Qualifications of Health Sciences Librarians

It really does mean having a flexible personality. Is that something a person is born with? I think so. We know that it is not a criterion for admission to library school.

What should the criteria be for admission of persons to a good program of concentration in health sciences librarianship? Can we single out those persons most suitable for the profession at the admission stage to library school? When we talk about recruiting persons for health sciences librarianship, we are really recruiting persons into the broader field of librarianship and each library school establishes its own criteria for admission.

Counseling Students in Health Sciences Librarianship

Every library school will not be enraptured to turn out people in health sciences librarianship. They may be more oriented towards another area of specialization. We are just a small segment of the profession. We have to keep some perspective with relation to library schools.

Student guidance from practitioners is worth a great deal. The difficulty that arises when you have a practitioner teaching the course in health sciences librarianship is that many times that person is not on the scene when the students need advice in making course selections.

There is no one ideal path to becoming a health sciences librarian. Some individuals need a practicum very badly. Others can get practically nothing out of one. They are better off taking some other credit somewhere else.

There is no consensus among beginning library school students about what they want or need. Needs are very individualized and, therefore, library school faculty working in conjunction with health sciences library practitioners need to identify overall educational goals. Between them they have a broader view of the field than any one individual at any given point in time and are in a better position to decide what the appropriate curriculum should be.

There is some reason and importance for the student not being the determinant of what he or she is going to get in the educational program. Instead, students need to provide feedback on what they have received. Such information should lead to course improvement.

Over a period of eleven years the argument has been going on with NLM as to what the appropriate background is for a health sciences librarian. One observation is that it really

doesn't matter what background you have except that in some areas of health sciences librarianship there are advantages to having a science background. But damn it, if the students have the ability and the motivation they are going to learn what they need to know about science, or anything else.

Ultimately the employer will make the distinction as to the requirement for a certain background. The instructor is usually not in a position to decide who may take courses in health sciences librarianship and who may not. It is the employer who wants to require a degree in chemistry along with the MLS who makes that kind of decision. If you have someone coming into the field who has the ability to learn and has the interest in learning, then that is of the utmost importance.

Content of the Health Sciences Librarianship Curriculum

There is an as yet undefined core of information related to the health sciences that is particularly useful for health sciences librarianship. On some university campuses, some of these courses may not be open to individuals unless they are studying within one of the health sciences professions. Another problem centers around the level of prior knowledge required for admission to some science courses. In some cases these courses may not even be electives.

Is a master's degree in a science really all that useful for health sciences librarianship? It only gives one a capability in one science while the health sciences librarian is dealing with twenty-five different sciences. It isn't so much the facts that one gets out of that science master's as the point of view – an orientation.

Graduates from library school programs often say at a later date that they needed a different emphasis than they thought they needed when they were at school taking their programs in librarianship.

The problem is to convince the student why he is in library school. The student really should be taking courses in management. The student sees himself at the entry level position which is only natural. He wants courses that prepare him for that position. What you have to do is show him that his tenure in that entry level position is limited and that he must really take the initiative and prepare for the next step. That takes a job of persuading.

Even if we have curriculum guidelines it still leaves the situation open-ended. You still have the problem of implementation, student selection, and the relationship between the health sciences librarianship portion of the curriculum and the rest of the curriculum. Guidelines will be helpful, but they will not simplify the matter.

If we focus too closely on what we consider to be the technical/medical literature, we are doing a disservice to the students in terms of preparation. On the other hand, this content is very important to most of the consumers of our product, the employers.

Even though we are most concerned with health sciences librarianship, we still need to give students the principles of librarianship. We need to give them the generalization, the theory,

and other aspects of library science. We also need to give them something about the specialized tools and techniques of health sciences librarianship. There are some tools obviously that specialize in our field and are peculiar to health sciences librarianship. Specialization also requires some understanding of the medical environment. We have to teach them the structure of the hospital, the structure of the organization of the medical school environment, how the curriculum is taught and implemented within the medical school, who's who within the medical environment, and the difference between a resident, intern, and house officer. All of this needs to be part of the educational background of a health sciences librarian.

Health sciences librarians often function as educators although not necessarily in the formal teaching situation. As individual librarians working with someone doing reference work, the teaching function becomes very important. Whether you are in a hospital, medical school, or another type of health sciences library, you are an educator. Part of what the health sciences librarian has to do is try and teach people to use the resources of the library. This is something that is neglected to a large extent in the training of individuals for health sciences librarianship.

People trained in the sciences, particularly in the biological sciences, can supply a dimension and corrective factor in health sciences librarianship that is often lacking in persons unaware of the actual basic tenets of anatomy, physiology, etc., unaware of the very things that medicine is working with.

Teaching Methodology

There is a great deal of transfer of information to the library school student of basic knowledge, for instance the general theory of administration. So what you have left to do in the courses on health sciences librarianship is to apply that basic information. The problem solving approach is best in the area of administration and, perhaps, also in reference work. We should continue to explore ways in which problem-solving teaching methodologies are appropriate to the teaching of health sciences librarianship.

The most appropriate teaching methodology should be considered rather than limiting it to problem solving or any one particular approach. Computer assisted instruction is only a means to an end, just as the application of the technique of problem solving is just one form of teaching methodology.

What we are talking about are teaching methods appropriate to the anticipated educational outcome. We want the student to be able to solve problems. We want our students to think, to solve problems, to find solutions, to identify new problems. We should use the best methodology to achieve this end.

How will course content and methodology train a student to go into the field, practice to become a health sciences librarian, and still be flexible enough to recognize and accept change or the need for change and then respond to it. That's a big order for library schools.

One important concept regarding the training of health sciences librarians has to do with exploring the variety of teaching methodologies available. We have not utilized in our

training of health sciences librarians all of the concepts and applications that are available to us from the field of education.

There would be no way for faculty members to agree that the best way to teach something is one single way. One trouble with the problem-solving model of Northup is whether or not a single library school would have the range of faculty that would be needed to do it effectively. The model does, however, aim for one of the important objectives of graduate education and that is to get each student to take over more responsibility for his/her own education, to wean them from relying on the instructor. This is good preparation for the way they will have to function in any position where they will not have someone to tell them what to do. This relates to future performance as a professional and should be a valuable way to increase the quality of their independent decision making. Using this teaching approach, the students could see the effect of their decision making without someone looking over their shoulders and correcting them. It is closer to a taste of the real working situation. This is one way of teaching students and also being able to assess their future performance potential.

Excellence of education is not teaching the content of a book, but rather teaching people a method. If all you do is teach people how to find out for themselves, it is enough. The concept is to teach them some sort of a problem-solving methodology. If all you present them with is information, it will be obsolete within a few years.

Recommendations

That guidelines for health sciences librarianship curricula be prepared for use by library schools, but course content and methodology are the necessary prerogatives of the faculty.

That library schools offering a specialization in health sciences librarianship first take into consideration the total resources of the entire university.

That a survey be conducted by MLA of employers of health sciences librarians to identify the competencies required of the entry level personnel they employ. Additional information should be sought from practitioners who also serve as adjunct faculty in library school programs.

That the importance of the practicum be conveyed to library schools with courses in health sciences librarianship. A portion of the guidelines to be prepared should address the objectives of the practicum.

That educators and practitioners of health sciences librarianship be made fully aware of the importance of career counseling for prospective health sciences librarians.

That employers recognize the need to make an investment in the entry level employee through training and continuing education activities. Employees at this level should not be expected to perform at higher levels without this sort of investment. Employers' expectations of recent library school graduates should be based on what is possible in the context of a concentration for health sciences librarianship in a one-year program.

That library school faculty consider a variety of teaching methodologies for equipping students with skills and competencies required for health sciences librarianship.

That a recommended core of knowledge in the sciences be identified for students in health sciences librarianship. Consideration should also be given to establishing prerequisites for admission to library school and to the health sciences librarianship area of concentration.

That students be advised that part of the preparation for health sciences librarianship is an orientation to science. This includes an understanding of the type of research that is done, the ways in which sciences works, the history and philosophy of science, the vocabulary of science, and the tools of science. There is a need for alternatives to the master's degree in any one scientific area, but course work in a variety of areas is recommended.

That library schools continue to consider the personal interview as an admission requirement. This is one means of counseling, particularly for those who would be better suited to some other endeavor.

That problem solving be considered by library school faculty as an appropriate teaching methodology for many aspects of health sciences librarianship. Course content is rapidly obsolete, but problem-solving methodologies are flexible and convertible to many job situations.

That health sciences libraries and library schools with health sciences librarianship programs seek outside funding to extend current educational programs. Such sources might include the Medical Library Association, foundations, state library agencies, and locally available sources to mention only a few.

POSITION PAPER FOUR

POST-MASTER'S TRAINING PROGRAMS FOR HEALTH SCIENCES LIBRARIANSHIP

Louise Darling

The title of my assignment at first glance appears to encompass a broad territory but "post-master's training programs" is just a longer way to say internships. To this I have at the end tacked on sixth year of specialization programs, the only other generally recognized post-master's program of which I am aware. Dr. Berk suggested that the conference would be interested in considering past, present and future internship programs and whether we should revive past forms, modify them or create new ones. What about funding, recruiting and evaluating them and how do existing programs relate to today's job market? Accordingly, one way or another I have attempted to touch on these points in what follows.

In the early days of training for librarianship in this country, field experience was the main ingredient. At best this experience was a useful apprenticeship with a progression in complexity of tasks to be learned, at worst plain scrub work, with most of the training somewhere in between. Formalized training continued initially to set great store on the practicum. In his design for the first library school Dewey called for a "systematic apprenticeship" of planned and supervised experience. Justin Winsor held that practical experience was the best preparation for librarianship; Poole added that it should be based on a good education and Cutter, first editor of *Library Journal*, advocated a combination with study of the literature. By 1915, however, the purpose of practice work was being questioned and the educational benefits assessed with growing misgivings. The landmark Williamson report of 1923 on training, as shown by a survey of all fifteen existing library schools, roundly criticized the exploitation of students it had uncovered and concluded that the field work offered was rather generally not worth the time of either students or supervising staff. The report pointed out that the only justification for field work in library education is promotion of better understanding of the principles and theories studied in the classroom. Finally in 1933 field work as a requirement in the library school curriculum was dropped from the accreditation standards.(12)

Through the years which have followed the library school curriculum has reflected a constant effort to identify substance and theory in librarianship as an academic discipline and to eliminate whatever smacks of the vocational including apprenticeship and practice work. The advent of one year master's degree programs after World War II obviously has pushed library education further in these directions and at the same time made specialization more difficult. The stigma attached to the vocational has tended to transfer itself to all types of field work not necessarily excepting the internship, although the post-professional degree nature of the latter and its use by other professions, especially the medical, has made considerable difference.

The notion that there is value in field experience has nevertheless persisted. Even a decade ago when field work (except for health sciences library internships) was at its nadir, it was required for school library certification by several states and for the MLS by a few library schools.(7) Internship itself was seriously and hopefully considered for librarianship as a

whole in the late 1930's but only a few abortive attempts were made to implement programs, the most notable being the Tennessee Valley Authority program of the early forties. There were no further developments in the general field until after World War II when the Library of Congress inaugurated its well known program around 1950. A few years later the University of Texas Graduate School of Library Science offered as an alternative to the thesis requirement a report on an internship of at least six months served in a library approved by the school and taken after all degree requirements had been met. This program came to an end in 1968 when Texas dropped the thesis requirement. The literature records very few other post-master's internships outside the health sciences area and no others offered in cooperation with library schools except those at the UCLA Graduate School of Library and Information Science as part of its two-year master's degree program. However, as noted in a survey published in 1975 on internships and practicums in libraries, along with broadening the program emphasis, there is a "shift in interest from theoretical-only to theoretical-plus-practical experience in much of the graduate education".(7) Coupling this trend with the tight job market makes a consideration of internship training not unreasonable in spite of the fact that training funds for national programs other than those of the national libraries seem not to be even on the horizon except for the mid-career management internships of the Council on Library Resources.

This is a long preface to our main concern which is not with the general field of librarianship but with the special area of the health sciences. I began this way because I think it unlikely that internships in any specific field will flourish unless our schools include provision for this important type of training on a broad scale. The major problems are the same whatever the subject field or type of professional work: the time and effort required of the teaching library, the identification and recruiting of good teaching libraries willing to carry the burden of internship programs, criteria for selection of candidates with the potential for success, finding stipends for at least part of the living costs of interns in programs away from home base, close liaison between library schools and teaching libraries, and methods to monitor and evaluate the education benefits to the intern and the professional benefits to the supervising staff of the library.

The involvement of health science librarians with professional education through activities of the Medical Library Association (MLA), Regional Groups of the Association and the Regional Medical Libraries is too well known to those attending this conference to need much elaboration. The first health sciences library internship (then called residency) was offered in 1941 at Tulane's Rudolph-Matas Medical Library, the second in 1944 at the Vanderbilt University School of Medicine Library. Both programs included educational opportunities to attend medical school lectures, see surgical operations, visit other libraries and attend professional meetings in addition to training in the operation of medical libraries. When MLA adopted its first plan for certification in 1948, these two programs served as the models for the internships required for Grade II certification. On paper the first MLA certification code provided an ideal plan for education for its special field, but the means for implementing it were not at hand although the existence of the code provided a very real stimulus over the years to seek to develop what was needed. The Association was perhaps least successful in providing internships for the Grade II level of certification. Efforts through 1962 are detailed in a 1963 paper in the Association's *Bulletin*.(2)

By 1962 the Tulane and Vanderbilt programs had ceased with the retirement of the two enterprising women who had established the programs, but the National Library of Medicine's Associate Program had begun in 1957 and two pilot programs supported by NIH training grants had opened in 1961 – one at Emory University's A.W. Calhoun Medical Library and one at the UCLA Biomedical Library. This made it possible to give internship experience to nine or ten librarians a year. Then in 1964 a fourth program with two intern slots a year opened at the National Institutes of Health Library in Bethesda. The Medical Library Assistance Act of 1965 gave, as expected, the largest boost on record to the establishment of internships because through the training grant authorization programs with good stipends, a training coordinator, recruiting funds and other desirable items were possible. In 1967/68, the year of the Conference on Education for Health Sciences Librarianship in Seattle, grants from the National Library of Medicine's Extramural Program were supporting four new internship programs plus the UCLA program which had formerly been funded by the Institute of General Medical Science. (The Emory program had meanwhile ended with the death of Mildred Jordan who began it.) Thus at the zenith there were places for 25 to 28 interns each year depending on the number in the NLM Associate Program which varied from three to six.

All the types of health sciences library internships which have been developed to date were in existence at that time except for the mid-career Health Sciences Management Intern Program.* The pattern most frequently followed was the classical one-year, rotating internship planned to give a well rounded view of library operations and new trends in the field to beginners or those recently graduated from library schools. Programs were solidly based in and directed by the sponsoring library but provided an array of education opportunities from formal classes to visits to scientific installations and other libraries as well as attendance at professional meetings. The NLM, Emory, UCLA, NIH, and Wayne State University Medical Library programs all followed this basic plan but varied in emphasis and details. The NLM program offers unique experience with automated handling of biomedical information and advanced storage and retrieval techniques and the opportunity to work with the largest and most distinguished health sciences collection in the country. It put special stress on undertaking investigative projects which over the years went from elective to required. At the present time the Associates each spend six months on research projects, one long and two short. The projects can be of a theoretical, managerial or documentation-oriented nature. Pertinent courses may be taken at outside institutions but course work is not a major focus. A criticism voiced from time to time about this program has been that it does not equip the intern for work in more usual, ordinary environments. This is hardly a valid view since the better and broader an educational experience the more it should contribute to competence in any professional situation.

Emory also centered part of its program around projects. Course work consisted primarily in auditing School of Medicine courses. The emphasis at NIH was, as at Emory, on participation in activities within the library. At Wayne State there was emphasis on working with networks, including experience in some service units of the Detroit medical library networks as well as in Wayne State Medical Library itself. As at NLM interns participated in investigative studies.

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*Descriptions are based primarily on *Post-Graduate Training in Medical Librarianship in the United States,* 1967-68, a leaflet published by Medical Library Association.(9)

UCLA had the most formally structured program. This was the only place, I believe, where interns were required to register as graduate students in the library school and to spend approximately half time on classes during the regular academic sessions. Courses could be selected from the health or life sciences including public health, from history of medicine and the sciences, foreign languages, business administration and computer or information science. The health sciences library school courses were required if the equivalent had not already been taken as part of the MLS degree. The rotation within the divisions of the library was organized as a numbered course offered by the library school but with attendance restricted to those selected by the library. In later years most of the summer quarter was spent on assignment to a local hospital library. The hospital libraries coordinated the work so that the same topics could be discussed at the weekly meetings of interns, hospital librarians and Biomedical Library training staff.

The Welch Medical Library program at Johns Hopkins provided orientation to its departments for the interns but instead of rotating assignments offered intensified training in one of four subspecialties: public services, administration, technical services or history of medicine. Hopkins courses were available and a research project was required.

The Washington University School of Medicine Library in St. Louis and the University of Tennessee Medical Units in Tennessee offered more innovative programs. At Washington the focus was on new methods, new concepts and research on them. Courses could be chosen from the areas of computer technology, biomedical sciences, linguistics, and user psychology. Work in the library covered individual work with scientists and practitioners with the intern serving as bibliographic assistant and general handyman, experience in the library's pioneering Machine Methods Project and individual experimental work. From the latter came an impressive series of published papers and reports.

The Tennessee program was not library based although it provided for 20 percent of the time for rotating weekly assignments within the Medical Units Library. For the rest, the intern was assigned to a research team on which he was expected to become an integral, working member and to gain a thorough understanding of the scientist's needs for library service. The intern met in conference with the team and/or its leader to discuss the research design of the project in hand, the general background, the data and data analysis required and the way it was to be presented. The intern assisted, with scientist guidance, in exhaustive bibliographic investigation of specific areas of research and "exploitation, evaluation and development of procedures for literature search and information storage and retrieval." Several research papers were co-authored by interns as the culmination of their experience on the projects.(4)

Perhaps the new NLM funded Council on Library Resources (CLR) Health Sciences Library Management Intern Program should be added here for the sake of completion although it is directed at mid-career or approaching mid-career librarians rather than those at entry level. Three internships a year are offered for those with a minimum of five years experience and evidence of a potential for leading positions in academic health science libraries. The CLR announcement states that "each successful candidate will spend the academic year working closely with the director and top administrative staff of one of the country's large academic health sciences libraries. The nature of the individual intern's experience will vary, but each

will have a unique view of the ways a director . . . deals with the array of problems, long-term and short-term, that must be faced each day."

The programs at the Welch Medical Library at Johns Hopkins and at Wayne State University Medical Library were in existence for only three years. The Washington University School of Medicine Library, The University of Tennessee Medical Units and the UCLA programs continued until the 1972/73 Presidential decision to abolish support for all NIH predoctoral programs at the end of their current commitments. The UCLA program changed gears and merged with the new internship course offered by the Graduate School of Library and Information Science. The only national programs remaining today are the Associate Program at NLM and the Health Sciences Library Management Intern Program funded by NLM by contract with CLR*.

Clearly there has been a steady decline in internships since the Seattle Conference. Incidentally, it was not a prominent feature of the discussions there and is not covered at all in the proceedings proper except by inference. Moreover, even in the euphoria of years immediately after the Medical Library Assistance Act came into being there were not a large number of institutions seeking support for internship programs from NLM. Information on applicants and applications is privileged, of course, so I do not know how many institutions may have applied for grants without receiving them, but I am relatively certain that at most there were very few. From this we cannot help concluding that though the profession as a whole appears to favor internships with a fair degree of enthusiasm, few libraries even with good funding really want or feel able to carry on programs of this kind. To understand the reasons it is important to consider in a bit more detail the problems and responsibilities referred to earlier in this paper.

The touchstone of an internship, it goes almost with saying, is that it must be an educational program first and last. The old MLA Code for the Training and Certification of Medical Librarians, as amended in 1964, was very specific on this score: "The program must be designed as an education experience for the participants; under no circumstances may lessening of the staff load of the sponsoring library be an objective." Other requirements were that the internship be at least six months in length, that the program provide for participation and instruction in all phases of the library's activities, with attention to non-professional work only to the degree necessary to give the intern an understanding of routines which he might at sometime in his career need to be able to organize or supervise. Also called for were a series of seminars on library problems specific or theoretical against the background of the sponsoring library's practices and those of other libraries or as advocated in the litera-

*Programs of an internship nature have been organized from time to time by various libraries for foreign visitors and the Veterans Administration (VA) has for many years carried on an extensive progressive type training program for students at the library school level, but these are outside the scope of this assignment. The VA training program does, however, offer excellent opportunities for the kind of program now offered by the UCLA library school which will be discussed further on. There are also scattered work study programs, notably that at Case Western Reserve, which are intermediate between part-time jobs and true internships and the short-term field experiences which are arranged by a few library schools as part of their curriculum, e.g. the month's assignment between terms at the University of Washington School of Librarianship.

ture, opportunities to take formal courses in the sciences, languages and documentation, visits to subject related libraries, bookstores and institutions, and attendance at professional meetings.(5) Of course internships did not conform to MLA specifications if certification was not an objective, (though I know of no program where it was not) and every program director undoubtedly has had his own variant concept, certification or no, but educational experience is always the common denominator.

It is this goal which presents the major problem in making internship a regular part of education for health sciences librarianship. As our keynote speaker pointed out nearly twenty years ago, "to offer an internship a library must devote much time to advance planning, must have varied kinds of experience to present to its interns, and must have enough other staff to be able to spend the necessary time to guide and teach the newcomer. Moreover, this staff must be aware of what is being thought and done throughout the profession and be capable of transmitting the information to the student."(1) The problem has become even larger as librarianship itself has become increasingly complex and library funding, never too generous, increasingly restricted by inflation and changes in national priorities. No library director is likely to place education for the profession before service to users although philosophically, at least, in long-range terms education is essential for service. Internship programs, obviously, benefit staff as well as interns. Teaching in this kind of program can lead staff members to examine why things are done as they are in their library, to compare practices with what is done elsewhere, to look at the literature more closely and more critically and sometimes to find new zest for the job and new energy to make changes; but if teaching means piling up large backlogs of work, in place of these positive effects there is likely to be resentment, lack of cooperation or even outright sabotage of the program. And the intern will waste his time and perhaps lose his taste for the field as well.

If the library is willing and able to carry the program, there is the problem of intern selection. A staff good enough to handle the program will not be willing for long if the interns are not of reasonably high caliber, enthusiastic about the opportunity and professionally oriented. Should all graduates of ALA accredited schools be eligible for internships? Would that not make an upward revision in at least some admission standards necessary? I believe it correct to say that thus far internship programs in the health sciences field have been more or less elitist in focus. With the number of places limited, the directors have looked for the brightest students with the best academic backgrounds and personality traits that would lead to more than average career success. Recruiting presented problems in the earlier days of the internship programs because it required a good deal of publicity over a number of years to make library school faculty, students and even a good many medical librarians aware that such programs existed let alone understand where they might lead. The short supply of librarians in the late fifties was perhaps an even greater obstacle to recruiting interns. The students who met the qualifications best had many excellent job opportunities. Moreover, with a master's degree in hand after many years of schooling, the idea of still more training was not the most alluring, especially combined with the difference between stipends and the better salaries. Still we did find the kind of people we were looking for even at the outset and in time the problem became one of selection after recruiting rather than recruiting itself but at no time, even at the end when over-abundance had replaced the shortage of librarians, was there a plethora of really well-qualified candidates for internship in the UCLA program at any rate. Those who did not meet the requirements always

greatly outnumbered those that did and I suspect that this was true of the other programs as well although not all put as much emphasis on background in the sciences.

I should mention one other recruiting issue which arose during the late sixties; namely, the relationship between the NLM funded health sciences specialization programs in the library schools and the NLM funded post-master's degree training programs. There was a rather firm view among some of the schools that the two types of programs offered different but equivalent preparation for the entry level librarian who consequently should select one path or the other. Some NLM program officers not surprisingly seemed to hold this view also. Other schools looked on the internship as a progression in training as indeed it was designed to be. The issue was never really resolved and is really academic now though still of intrinsic interest to those who have been involved in both types of programs.

Another problem which arose about the same time was the credit to be allowed for internship experience in job promotion schedules. Some employers resisted counting internship time ostensibly because it was part of the individual's education and not actual on-the-job experience, but probably because the employer (usually institutional, not an individual library director) did not know what an internship meant. Most however equated the internship with the same amount of time on a job and a number rated it at double or more, e.g. the University of California statewide.

Before going on to the question of evaluating internships, it seems appropriate to take a look at the new type of internship program offered by the UCLA Graduate School of Library and Information Science since it began its two-year master's degree program in 1971/72*. The purpose of the conversion to a two-year program was to allow the student time for a field of specialization (a subject area or an area of librarianship) and a research paper in addition to the basic competencies. Time and incentive for internship have thus been opened to the students as a whole with by and large good short-term results. The School's *Announcement* for 1978/79 describes the internship program as follows:

> During the second year the student may apply for an internship, of one to three quarters, either on campus (an academic or special library) or off campus at a nearby academic, public, special, or school library. The internship is a regularly scheduled course, and may be counted as part of the eighteen required courses. Some internships carry a small stipend, but most do not. The internship consists of actual practice at a variety of professional tasks in a library, under professional supervision, on a daily or frequent basis, for a specified number of hours per day. In addition there is a weekly evaluation meeting with the director of the internship program at the School.(14) All internship sites must receive the prior approval of the director, and there are frequent on-site inspections made by the director during the course of the program. The internship is not obligatory, but many graduates from the School have referred to it as the single most valuable experience in their academic programs.

Students with a specialization in the health sciences usually enroll in an internship for at least two and more often three quarters, as a rule in the same library although a few have

*1971/72 was the transition year. Students had the option of enrolling in either the one-year or two-year master's program.

chosen a combination of hospital and academic health sciences libraries. To date 354 students have taken internships including 48 in the current second year class. Health sciences internships account for 12 percent of the total. In addition 46 students graduated from 1961/62 through 1973/74 from the old NIH-NLM funded post-master's training program sponsored jointly by the Biomedical Library and the School for a grand total of 91 health sciences internships on the rolls of the School.

Several health sciences libraries in the Los Angeles area have been accepted as internship sites, all in hospitals except for the UCLA Biomedical Library and Norris Medical Library at USC. Customarily each takes only one trainee a year except for certain of the VA libraries. Only the VA libraries and the Biomedical Library have been able to offer a stipend regularly. The minimum number of intern hours per week for course credit is 12 but students may spend up to 20. The programs vary in detail, scope and rigor with the institution and library as would be expected, but all are at the professional level. Students may, of course, work in these same libraries as part-time clerical or technician assistants during their first year, but that has no connection with the internship which requires second-year status and prior completion of basic courses. For those in the health sciences area this means taking Bibliography of Health and Life Sciences in the last quarter of the first year. These students may also take one or two courses in biology or public health during the first year or some other elective pertinent to their interests. The Health and Life Sciences Libraries course comes as a requirement in the second year along with the opportunity to elect an internship and other appropriate courses in the School or in other University departments.

With a two-year program already taking shape or under active discussion at a number of other schools, there appears to be some possibility that the internship may in time have a chance of becoming a more or less standard option in library education although I have no information on whether schools interested in two year programs are also interested in internship programs. Stipends are less essential when intern sites are local, interns do not yet have postmaster's status and the tight job market gives candidates with good internship experience behind them a definite advantage. Libraries are less hesitant about developing programs if they do not have to provide stipends or if they see that even a low stipend generates considerable competition. Being able to accept just one trainee a year instead of three or more is another inducement, especially if the library school takes responsibility for matching intern and library reasonably well so that the experience is stimulating and satisfying to both intern and library. But the burden of such a program on the school is large and a major teaching assignment for the faculty member in charge. Dr. Andrew Horn, the first director of the UCLA internship program, spent a sabbatical organizing the program and visiting between two and three hundred libraries in Southern California to identify possibilities for teaching libraries. Even after the program was well launched he still spent a day and a half per week on visits to sites where interns had been placed – an annual average of 2,000 miles of driving – for he considered a visit a quarter essential and more if problems developed at a site. In addition he held weekly seminars for each of the intern groups of which there were usually three.(3) The time required should lessen from now on as the program matures further, but a sizeable commitment will always be required to maintain a consistently high educational level.

Evaluation of the educational value of internships with anything approaching accuracy is an almost impossible task. The usual practice is to use questionnaire, letter and interview

feedback from former interns, appraisals by employers of intern performance (chiefly within a year or so following internship), longevity in the profession and the career achievement record of those with internship experience. Obviously the first two methods are highly subjective and the last two are influenced by a host of other factors, most of them a good deal more important than a year of internship – innate ability, aptitude for the profession, academic subject background and just plain luck, for example. Published studies attempting to evaluate internships are few and far between. In the health sciences there is the 1963 report on the interns who had enrolled in the early programs at Tulane and Vanderbilt mentioned earlier; in 1973 Jess Martin surveyed the graduates of the Tennessee program and in that year and the next Fred Roper's comprehensive analysis of training programs and students in them from 1957 through 1971 appeared.(11)

Feedback from former interns indicates that the majority found internship a practical, professional and advantageous way in which to begin their careers. The experience presumably has been a factor of importance in career success, but Roper's findings do not indicate many significant differences in a comparison of graduates of internships and special library school programs with a group of health sciences librarians who did not enter the field through special programs. There is no comprehensive report on feedback from employers of former interns but, judging from the letters received by the UCLA and Tennessee programs, employers have found graduates of these programs considerably better equipped to handle entry or near entry assignments than the average graduate and have been willing to pay a step or two up in the scale for them. We need a great deal more information before making any generalizations about the value of internship experience but it does seem obvious that the experience gives the new library school graduate the opportunity to apply theory to practice in a learning environment, provides him with an overview of library operations and an opportunity to find out which area fits his talents best. It also gives him the self-confidence necessary to perform well and to move ahead professionally. Obviously too, for the employing library, internship cuts the training time required for new employees and brings in someone who has – or should have – already acquired professional attitudes.

Another plus for internships in the health sciences area is that their very existence coupled with publicity in the right places – especially if stipends are attached – tends to catch the attention of good science students who want professional careers and work with humanitarian appeal, but are not interested in a research career or more years of preparation. The internship concept may thus very well bring them to health sciences librarianship once their interest has been caught whether or not they actually have the opportunity to take an internship.

The post-master's certificate programs may or may not include an internship though it is unlikely that any do except at UCLA where this is a course option. There are around two dozen library schools in the country which offer specialist or certificate sixth-year programs. The first was established at Columbia in 1961 after the one-year master's degree had been firmly established across the country. The purposes of such programs are several: to provide specialized training beyond the master's degree, to upgrade and update knowledge for those who have been out in the field for a number of years, to give opportunity to redirect a career path, strengthen capabilities in a specific area of librarianship or even to serve as a step toward a doctorate. Requirements vary greatly from school to school although all require an MLS or the equivalent. Some also require prior professional experience. Some

require full time residency during all or part of the program, others stipulate the maximum number of years in which the program must be completed. Some require specific courses while others allow all elective courses and independent study. The thesis requirement is also a variant.[10, 13, 15] Overall enrollment is small varying from one to sixteen per school and accounting for little more than one percent of the total library school population.[13]

The only sixth-year program I know of which is offered specifically for our field is at UCLA which gives a Certificate of Specialization in Medical Librarianship, but undoubtedly similar programs can be arranged elsewhere and may already exist. At UCLA there are programs in five other fields of specialization as well, but the one in the health sciences was first (1968) and set the pattern for the others. It developed from the Biomedical Library internship program which awarded an unofficial certificate on completion of the year's program, then later offered the option of an official University Certificate of Specialization for those who in addition to completing the program carried out a research project and reported on it in a paper appropriate for publication in a professional or scholarly journal. Alternatives to the paper are a bibliographical study or a literature survey.

The future of post-master's training programs is unclear. In this period of fast-moving technology and new kinds of networks springing up all over the map there certainly is a place for both types of programs. Two-year schools may well have a negative effect on the certificate programs, especially if all the schools establish substantial and regularly offered continuing education programs, but a positive one on internship programs. (How widespread the trend to two-year schools may become, however, is not much clearer). There is widespread acknowledgement of the value of combining theoretical knowledge with practical but educationally oriented training, but the costs for sponsoring internships are high in time and money. Practical and economic conditions, moreover, make it unlikely that we can look forward to government subsidy for professional training of any kind much longer and certainly not in the library field where the oversupply of manpower is conspicuous. The need for programs to single out and train the most talented, of whom there never are enough, does not have much appeal either except perhaps to some degree in the private sector, though there is the encouraging precedent at the middle management level of the NLM funded CLR Health Sciences Library Management Intern Program. In any case, as Pings and Cruzat pointed out a decade ago, the other professional schools take responsibility for directing their own internship and residency type training programs.[8] Why should this not be the case with librarianship? The schools have the educational expertise, the libraries the practical resources for training programs. The two should operate on the same cycle. Sharing the responsibility might conceivably lower the costs to the point where internship expense could become a regular feature of the library school curriculum.

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RESPONDENT'S COMMENTS – POSITION PAPER FOUR

Post-Master's Training Programs for Health Sciences Librarianship

Respondent: James F. Williams, II

I have been asked to respond to Louise Darling's paper entitled Post-master's Training Programs for Health Sciences Librarianship. As a 1968 intern in Wayne State University's program I was personally pleased with the request that I act as respondent on this paper.

From my vantage point, Darling has done an excellent job of presenting a historical and state-of-the-art perspective on training programs in librarianship in general, and internships in health sciences librarianship in particular. She has reminded us:

A. That field experience was the main ingredient in the early days of training for librarianship;

B. That field experience came under fire from the profession by the early 1900's;

C. That much of the profession's criticism at the time stemmed from the stigma of the vocational side vs. the educational side of such training programs;

D. That the use of post-professional degree internships by other professions, like medicine, may have made a considerable difference with regard to the survival of such training programs;

E. That internship programs experienced a resurgence after World War II;

F. That this resurgence saw a shift in interest from theoretical-only to theoretical-plus-practical experience; and

G. That coupling this trend with the realities of the job market makes our consideration of internship programs at this conference both reasonable and timely.

In terms of health sciences librarianship the paper informs us that:

A. Our training programs had their beginnings in two southern medical school libraries in the early 1940's;

B. These programs served as models for MLA's first Grade II certification plans;

C. The number of internship programs remained scarce until the training grant program of the Medical Library Assistance Act was funded in 1967 (giving the biggest boost on record to the establishment of internships);

D. Given varied emphasis and detail, the pattern most frequently followed by our programs was a one-year rotation geared to library operations and new trends;

E. There has been a steady decline in internships since 1968, and

F. While the profession would appear to support the idea of internships, it also appears from the number of applicants for training grant funds that few health sciences libraries have the interest or feel capable to administer such programs.*

The paper offers several major factors which are suggested as possible causes for the relatively small number of health sciences library internships in the nation today (notwithstanding the decline in federal training funds); among these are:

A. The time and staff commitments which must be made in order to offer a program which is a true educational experience. Add to this the pragmatism, growing complexities of librarianship and the inability of library directors to place education for the profession before service to primary clientele;

B. The problem of broadly advertising internship programs and thus recruiting high caliber, professionally oriented interns with the potential for success, and

C. The difficulty of evaluating the educational value of internships for both the intern and training staff because of the subjective nature of our data gathering techniques.

Concluding with a discussion of two-year master's degree programs geared to subject specialization, post-master's certificate programs, and UCLA's sixth-year Certificate of Specialization in Medical Librarianship, this paper provides sufficient background information from which to consider the broad challenge of this conference on the subject of post-master's training programs. Broadly speaking, Darling has challenged us to seek consensus on answers to the following:

1. Should the post-master's training programs be an integral part of future health science library education programs? If not, why not? If yes, then:

2. What educational objectives, formats, and evaluation techniques should be applied? Should past objectives, formats and evaluation techniques be revived or modified?

3. Lastly, given the problems of institutional commitment, recruitment, development of criteria for intern selection, funding, and program evaluation, should our internship programs be designed after the medical model, where library schools take responsibility for directing their own programs, coupling the educational resources in the schools with the practical resources of the nation's health sciences libraries? If not, why not, and what other suggestions and recommendations do we have on the development of viable post-master's training programs for health sciences librarianship?

*For the CLR/NLM Management Intern Program there were 34 institutional applicants in 1978 and 19 applicants in 1979.

GROUP DISCUSSIONS AND RECOMMENDATIONS

Position paper number four deals with post-master's training programs. At the time of the last conference in 1967, a number of internships in health sciences librarianship were available to graduates of accredited library schools. Since that time all of these programs with the exception of one at the National Library of Medicine have ceased due to a lack of funding. The comments from the group discussions for this position paper can be categorized as follows: 1) Reasons for pursuing advanced training, 2) Types of programs, 3) The role of the library school, and 4) Financing post-master's training.

Reasons for Pursuing Advanced Training

Post-master's training should be one of many alternatives for career development available to the profession. We must give people choices.

People usually do not think in terms of their long-range development. Most people concentrate on the immediate future. We must help people assume responsibility for their own development. We can do this by providing several options.

We are faced with two common objectives. The first is concerned with the additional training required for health sciences librarians to qualify for more advanced positions in the field. People may want to move up into management positions or they may decide on other avenues which require upward mobility training. The second objective is the need to update skills. As the state of the art changes, and hopefully advances, new skills and techniques are needed. These techniques were not part of their library school programs so continuing education is required. To be successful, post-master's training for health sciences librarianship must be geared to one or the other of these objectives.

Internships provide not only an educational experience, but they also enable recent graduates to get some practical experience. This experience may be useful in planning future career development and may form the basis for recommendations to future employers. How is a recent graduate to get the experience that many employers require? Internships do provide some experience.

Libraries accepting interns must accept the philosophy that the internship is not a recruiting device. The intern is in the host library for a fixed period of time, usually one year. The library may very well get useful work from the intern, but that is secondary to the educational commitment the library is making to the profession.

Whether or not an individual elects to seek an internship may mean a balancing between the career level already achieved and the difficulties of packing bags, doing something with the house, cat, and dog, and going away for a year and then returning to a former position or moving on to something else. There are a lot of risks involved and people are not as mobile as they used to be. All of these constraints need to be considered in designing and recruiting for such programs. Even though individuals may elect to take an internship, they are still uncertain as to what the outcome or payoff will be. The host libraries for their part are

uncertain as to the amount of effort such a program will require and what benefits, if any, the library will derive from such a program. In any event, a public relations effort would be required for recruiting both interns and host libraries.

People who become interns have different needs no matter at what point they are in their careers. Any program that we might propose for the profession must be flexible enough so that the needs of both prospective interns and host libraries are incorporated.

One must still look at the tradeoffs of a post-master's program. Many individuals were interested in the National Library of Medicine/Council on Library Resources Management Internship Program which was going to pay their salary. All of these individuals had worked for at least five years to reach their individual levels of income. Would they still be interested if a different alternative required that they give up that income and pay tuition to go to a school to further their careers?

Field experience that is received as part of the first professional degree is not at the same level of sophistication as that provided for those who already have the master's degree. In the latter case, the interns already have the total picture and the internship gives them a chance to try and put it altogether in a professional working experience. This holistic approach is different from a learning experience as part of a master's program where the internship is just one component of the total program still in progress.

In any event, we need to consider how feasible what we propose in the way of post-master's training is likely to be.

Types of Post-Master's Training Programs

It is fair to say that the thing that distinguishes the internship from other kinds of on-the-job learning is not how elaborate the program is, but the fact that an internship has a specific educational objective. In this sense it is structured. Internships need to be distinguished from other types of on-the-job learning which look like internships.

A pitch ought to be made for the role of library schools in theoretical research. There is no classification research group in the United States and there should be. What we need as part of post-master's training is theoretical research which might be conducted in a think tank type of operation or a library research institute. It might be possible to go directly from a library school into a library research institute if such a place existed. Each year there are students who by the time they receive their degrees have discovered that they are not really service oriented. Their strength lies instead in information scholarship. If we uncover students in our programs who clearly would be better at thinking about the big issues, then they should be encouraged to do so.

Health sciences librarianship probably has the most elaborate continuing education program of any library specialization. While these other specializations probably consider it luxurious and elaborate, it is still only at the ghetto level in terms of dollars compared to what other professions are spending on continuing education. This makes the demise of internships as put forth in Darling's paper even more grim.

Is the internship an award or is it an extension of your work? In the past it has been considered a reward because there have been so few internships available. It has been a highly competitive thing. It has not been the same as in medicine where you can't go without an internship.

If something is said in the guidelines for library schools about internships and we couldn't guarantee their availability, then that would be a problem. We could be very idealistic and say that no one shall be a health sciences librarian unless they have interned for a certain length of time and been certified. Under the present circumstances you could not make these requirements.

Librarians know that giving teaching time for post-master's training programs is part of their responsibility to the profession. Many can't do it for one reason or another. Still it would be a mistake to say that because it is going to cost money we should back off. However, we should not make the internship a requirement, but it can be an option. This will probably not result in any difficulty for the library schools, but it may for the hospitals. Some hospital administrators have already expressed opposition and indicated that providing internships for health sciences librarians is not the mission of the hospital.

Another model for the internship is the one at UCLA. This is not a post-master's program but is part of a two-year master's program. In this case, the student is paying tuition in order to participate in an internship.

Should specialty internships be developed such as for management of a health sciences library, clinical librarianship, patient education, etc.?

Any internship should be evaluated in terms of the program's educational objectives. Such objectives should not be written without consultation with the staff of the host library.

One concept is to have the student create his or her own internship. If the student knows that he needs one and wants one, then he decides the frame of reference for the internship. With the help of the library school faculty, he identifies a place where he might gain this experience. Because it is a learning experience, the individual agrees to work at a minimum fee for a fixed period of time. This does require some effort and such internships may only be created by energetic students.

The Role of the Library School

There is a great need to utilize the health sciences library as a site for teaching and learning. But this must be in close conjunction with a library school in the construction and development of models and methodologies for use in internship programs. These may be developed in the library school and applied in the library.

Having library schools take sole responsibility for post-master's education for health sciences librarianship would be extremely difficult. We are expecting schools to do a lot in this area, but we are not expecting them to do it alone. What we are saying is let's do it together and it will be good for all of us.

One of the major problems with internships is that neither the library school nor the health sciences library can afford such a program. No one has enough staff. If you have to choose between an internship program and a badly needed staff member, you are not going to choose an internship program.

A job for the library schools would be to seek cooperative libraries for an internship program and then evaluate such programs. The Medical Library Association could establish a bridging mechanism so that individuals who are responsible for internships could be brought together to exchange ideas.

The individuals who applied for the NLM/CLR Management Internships wanted that kind of experience. However, many individuals cannot get away for one year. A summer session or something of that sort may be all they can afford to do. The possibility of receiving academic credit for internships should be considered. Credit for such activities is important in academic libraries where promotion and tenure are considerations.

What about quality control for internship programs? Can library schools exert that kind of pressure? Can this be accomplished through evaluation?

One reason for not tying a post-master's program to the library school is all the restrictions that go along with dealing with the academic structure. By tying such a program to an academic institution, you may come up with program requirements that cannot be met by the host libraries. The program may require something which is non-standard and the only way to set up such a program is on an independent basis with the host library.

Another reason for placing the internship under a sixth-year program is that you are attaching it to a library school program that has presumably thought through the entire process and decided that they can support the program. They have also decided that the benefits of such a program are worth the cost and time commitments.

Host libraries would be more interested in internships programs if they did not feel the full burden of designing what is to them an educational program. If library schools were involved, they could work on the design together.

Most library schools would not allow internship credit as part of a sixth-year or doctoral program. This whole concept is a new one. And even though such a program may be based in a library school, there is nothing that says that the intern shall not be paid.

If current thinking of the internship is that it is entirely experiential, then it could be tied to a library school and a different kind of program constructed. This new program might be partially experiential and partially course work. Such course work could take place both within and outside the library school. Other departments have courses that are needed, but the library school could provide the link.

Can library schools take on the obligation of what is essentially going to be a burden on a host library? The library school may be involved, but the financial burden, acceptance by professional staff, and utilization of the intern is going to be a matter for the host library.

Financing Post-Master's Training Programs

One of the simplest means of dealing with the cost of internship programs may be to ask the profession to underwrite the costs. We do have many who have benefited from internship programs and they may be willing to kick in some money so that other librarians can have the same kind of experience they had.

Our previous internship programs did provide a good experience. Therefore, we need to find some way to finance that kind of internship program again. We might at least give the alumni of previous programs the chance to say no.

We need to point out again and again the expense of internship programs to library schools that have them. This is a time of shrinking faculties and resources. The likelihood of getting such a program going for any sizeable number of interns is not too good.

There is a lot to be said for having some kind of work experience between the master's degree and the post-master's training. The individual may have to fund the training himself because it is not likely to be funded by an external agency.

The idea is to link an internship to a sixth-year program and put it up for grabs for any library school that wants to support such a program. Obviously not all library schools would want this type of program, especially those that do not have a concentration in health sciences librarianship in the master's program.

It is no longer economically feasible to establish an independent post-master's internship program such as those we had in the 1960's.

The question of the economic feasibility of an internship program to the host library is still important. If someone else is paying the intern's salary besides the host institution, then it is probably okay. If someone else is not paying the salary, then the library will have to examine the benefits of such a program closely. If they feel that there is a benefit to the library in addition to the general benefit to the profession, then they will probably elect to have an intern. It requires more than an altruistic motive on the part of the host library.

We don't need to rule out the possibility of financial consideration for the intern. If the host library had an intern for three or four months they might be willing to pay the intern for this relatively short period. The intern could probably complete a project or two as well during this time. The host library might be more willing to pay if the internship were of a short duration. The intern might not receive the same compensation as for any previous level of experience, but this would be a negotiable factor.

The question of whether or not the intern is paid is something that might vary from library school to library school. This is something that the schools will have to decide.

The host library must keep track of the fact that they are not training people just to have them do the things that they do not have regular staff to do.

Recommendations

That the phrase post-master's educational program or something similar be used in place of the word "training" to describe these activities.

That planning for post-master's programs not be limited to either the health sciences library nor the library school in terms of sponsoring institution. Both should plan programs that are appropriate to their objectives and resources.

That the possibility of combining an internship in health sciences librarianship with a sixth-year or doctoral program be explored. Advantages of placing the internship in the library school include increased credibility for the program, academic recognition, quality control, evaluation, and employment services. The possibility of interdisciplinary studies is also of benefit.

That post-master's internships similar to the federally funded ones of the 1960's are not practical in light of current funding practices. The library school does need to include field experience as part of the health sciences librarianship concentration in the master's program.

That funding for internship programs be shared by the institutions offering such programs and also by individuals participating in such programs. Other funding sources should be investigated including the Medical Library Association, foundations, state library agencies, and local sources.

That post-master's educational programs of the future concern themselves with the preparation of individuals for administration, research, and educational roles, and to function as independent information brokers.

That individuals be given options for specialized training in health sciences librarianship. Internships as part of the master's program are one avenue towards such specialization. A post-master's certificate program in health sciences librarianship is another avenue whose objectives are upward mobility. A third type is post-master's experience in a research institute setting concentrating on theoretical research and information scholarship.

That models for post-master's education activities be developed employing sound educational methodology. Health sciences libraries and library schools should cooperate in the development of these activities and schools should share resource people. Teaching libraries should be carefully selected based on well-established criteria.

That health sciences librarians recognize their responsibility to be educators in post-master's activities just as physicians assume this role in affiliation with teaching hospitals.

That library schools assist in the establishment of post-master's educational programs even though they do not have any financial nor curricular commitments to such programs.

That the Medical Library Association serve as a bridging mechanism between host libraries and library schools in the design of post-master's educational programs, recruitment to such programs, and their evaluation.

POSITION PAPER FIVE –
MLA Certification in Relation to Graduate, Postgraduate and Continuing Education Programs

POSITION PAPER FIVE

MLA CERTIFICATION IN RELATION TO GRADUATE, POSTGRADUATE AND CONTINUING EDUCATION PROGRAMS

Phyllis S. Mirsky

Thirty years ago the Medical Library Association adopted a code for the certification of medical librarians in an attempt to establish standards for medical librarians. Whereas the concept of certification was fairly widespread throughout the health professional community served by medical libraries, the awarding to librarians of certification by a professional association was unique in the American library community. The history of the development of MLA's certification code has of course been fully documented in the literature (Darling, Libbey, Jordan) and need not be repeated here. It is important though to recognize the long-standing commitment on the part of the MLA membership in continually upgrading the standards for its profession. The original code was based almost entirely on training with three grades corresponding to three levels of medical library training, the master's level, internship, and advanced degree. By 1964, the need was evident for an alternate path toward certification for those unable, usually because of geographic limitations, to enroll in an approved course in medical librarianship. Though this code remained in effect for 13 more years there was continuing discussion regarding revision of the code. Questions regarding the concept of lifetime certification were raised. Did it make sense, in these times of rapidly changing technology and the ever expanding universe of health sciences itself, to award a certificate for life? What levels of education and training should be required? Should certification be at the minimum competency level? Thus the whole issue of recertification needed to be addressed. Initial attempts by the MLA to grapple with these issues faltered until finally in 1973 under the able leadership of Louise Darling the members of the Association overwhelmingly approved the adoption of a new certification code to take effect on January 1, 1978.

Within the context of this Conference it is important to devote time to the specifics of the new code. First of all, all individuals certified after August 31, 1977 would need to qualify by examination and possess two years of professional experience in a health sciences library. The period of certification would be for only five years and recertification at the end of that time would be based on completing a minimum of 3.5 Continuing Education Units in approved continuing education activities. The minimum requirement for taking the exam was an MLS from an ALA accredited school. Recertification by successfully passing the certification exam current that year would also be possible. Copies of the code are available from MLA, but basically the components to the MLA certification process are education, examination, and experience. Recertification is also now a key element.

MLA Certification in Relation to Graduate Library Education

The basic requirement for entering the certification process is an MLS from an ALA accredited library school. This requirement probably will have minimal effect on those schools already accredited except perhaps to reinforce the ALA accreditation as a standard to be met. Whether or not schools which currently have not met or perhaps have not even sought

accreditation will be affected remains to be seen. It is not likely however that medical librarians who are and will remain a small percentage of the library community can exert much influence on this segment of library education.

The accredited schools do have an obligation not only to inform their students of MLA's certification program but also to address within their curriculum the concept of certification and recertification. By becoming aware of these developments in health sciences librarianship and by remaining current with MLA's thinking and actions, library faculty will be in an excellent position to advise their students as to preparation and requirements necessary to obtain MLA certification. It is important to MLA to have this process systematically taking place during a potential health sciences librarian's basic library education rather than on an ad hoc basis later on.

When the decision was made to switch the MLA certification program to one of qualification via examination, the discussion then turned to what type of examination could best test the abilities of individuals to perform well in health science libraries. A competency-based examination to be geared at the beginner's level was chosen as the best evaluative mechanism. The procedure for compiling test items was extensive and involved many members of the Association both in the task analysis and item writing phases. We now have an examination which has been offered twice, once in April and then again in November of 1978. Beginning in 1979 the exam will be offered once a year in the fall.

Preparation for a competency-based examination must present some problems within the structure of the library school curriculum. Individuals accustomed to traditional examinations testing recall, whether by short answer response or essay, are likely to be uncomfortable with the rationale that one can not really study for competency-based examinations. Yet there does remain the very important contribution of library school curriculum to the development of the health science library professional. This was obviously recognized by MLA in establishing the accredited MLS degree as one of the basic requirements for certification. It would be useful then to explore more fully exactly what that contribution is and how, perhaps, it might be increased. Whether or not field work in a health sciences library increases a person's chances of passing the examination also needs to be determined. It might be possible to analyze the first two groups who took the examination in an effort to determine to what extent field work may have been a factor in the final examination score. MLA should undertake these types of analyses in order to provide feedback to at least those library schools interested in playing a more active role vis-a-vis the MLA certification process.

MLA Certification in Relation to Postgraduate Education

With the introduction into MLA's Certification Program of the concept of recertification to be based on continuing education activities, a vast market for postgraduate training has been created. The full potential of this market has yet to be explored but I can easily envision specialized library school courses, perhaps as institutes being developed and geared toward certified medical librarians seeking credit toward their recertification. Perhaps the time is now right to explore funding under the Medical Library Assistance Act for the development of some of these programs. As of December 31, 1978, there were 3,388 certified medical librarians.

Another potential *market* I envision for postgraduate education is the numbers of graduates of non-accredited MLS programs who might wish to establish their eligibility to take the certification program by taking "post-master's training in an ALA accredited library school program." This option is considered an "unusual background" within the definitions and individuals with this background may apply for consideration of their credentials in terms of equivalencies. This option is one that has not been fully explored nor publicized. A clearer definition is needed obviously as to what constitutes "post-master's training. . . ." It is not possible to estimate the number of MLA members holding MLS degrees from non-accredited schools. However in 1978 approximately 25 individuals with these degrees inquired about the 1978 exams.

The final group that might look toward postgraduate education for assistance in passing the examination might be those individuals who join the ranks of medical librarianship somewhere further along in their professional career. These librarians might not have specialized in health sciences librarianship during their library training but now are anxious to acquire some basic knowledge and skills. It would be most difficult to estimate the size of this group.

Though I have purposely differentiated among these groups for the sake of clearly identifying them, in actuality they could easily comprise one audience. Courses developed for any specific group would in essence be of interest to all of them.

MLA Certification in Relation to Continuing Education

The recertification requirement will undoubtedly have its greatest impact in the area of continuing education. With the need to obtain 35 hours of continuing education instruction (3.5 CEUs) within a five-year period in order to retain MLA certification, many certified librarians will be turning to a variety of sources to fulfill this requirement. Though the major pressure is currently on MLA's own continuing education program to fully meet all of this demand, it is not likely that this will be possible nor should it be. The Medical Library Association has carved a niche for itself as the major supplier of continuing education courses for its members and has attempted to be responsive to the expressed and anticipated needs of this group. The Association can greatly expand its capabilities of serving its membership in this area by exploring cooperative endeavors with the library education community. Because MLA depends almost entirely on the voluntary contributions of its members for the development of its continuing education courses, there is a finite limit to how large this program can become. By working with the educators who are specialists in health sciences librarianship, numerous other avenues for exploration open up. Another area which is receiving increased attention from the MLA membership but which is yet to be fully addressed by the association is alternate modes of delivering continuing education packages. MLA's Continuing Education program is currently based exclusively on traditional classroom-centered presentation. Correspondence courses, audiovisual packages and self-paced instructional packages are only some of the possibilities. Some library schools have had experience with course presentation via the radio network. These as well as other more glamorous alternatives (instruction via satellite) need to be pursued to determine their feasibility and applicability. The expertise for this exploration may exist outside MLA and should be tapped.

Summary

In conclusion I think it is important for all to realize that we are truly on the brink of understanding the full ramifications of the new certification program. If it proves successful, and there is no reason to assume it won't, demands for increased activity in health sciences librarianship education will certainly occur. Both the Association and the library education community will be asked to be responsive to these needs and by working together we can insure a more comprehensive solution.

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RESPONDENT'S COMMENTS – POSITION PAPER FIVE

MLA Certification in Relation to Graduate, Postgraduate, and Continuing Education Programs

Respondent: Gwendolyn S. Cruzat

In order to respond to the position paper on "Medical Library Association Certification in Relation to Graduate, Postgraduate, and Continuing Education Programs," it is first necessary to discuss briefly "credentialing," a term that currently is used to describe the process by which the performance of individuals, institutions, or agencies is assessed. Credentialing consists of three types: accreditation, certification, and licensure. Two of these, accreditation and certification, are discussed in Ms. Mirsky's paper. The National Committee on Accrediting defines these types thusly:

> Accreditation is the process by which an agency or organization evaluates and recognizes a program of study or an institution as meeting certain predetermined qualifications or standards. It shall apply only to institutions and their programs of study or their services.
>
> Certification is the process by which an agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.[1]

Focusing on the process of certification, the agency or organization is usually a voluntary, or nongovernmental, or professional association, which issues a document stating that the recipient meets certain qualifications. The credential is an advisory opinion of the association that the recipient is qualified. It carries no legal sanction, but is recognized as a mechanism for identification of qualified persons and for support of a body of knowledge.

Certainly the Medical Library Association (MLA) historically, as presented by Mirsky, has been involved in the certification type of credentialing for a number of years. A primary reason has been the commitment of MLA continuously to upgrade the profession. The adoption of a new code, implemented in 1978, was initiated, according to Mirsky, because of geographic limitations regarding approved courses in health sciences librarianship and the questioning of certification for life. Its adoption was supported overwhelmingly, however, by hospital librarians whose institutions foster and are influenced strongly by credentials, particularly those of certification and licensure. The implication is not that parent institutions of other health sciences libraries are not involved in credentialing, but credentialing for them may occur via a different process, e.g. accreditation, programmatic or regional. In addition, these institutions may augment the credentialing process with their own value sets, which may or may not be in total agreement with the value set of a profession. Mirsky's concluding statement, one of optimism, becomes very important for it seems to acknowledge that there may be different value sets between library educators and the MLA membership, while it stresses the need for unity between educators and practitioners. She states:

> . . . I think it is important for all to realize that we are truly on the brink of understanding the full ramifications of the new certification program. . . . Both the Association

and the library education community will be asked to be responsive to these needs and by working together we can insure a more comprehensive solution.

The remainder of my remarks will follow the delineation set by Mirsky.

1. **MLA Certification in Relation to Graduate Library Education**

First, I agree with Mirsky that the library schools with accredited programs have an obligation to inform their students about the concept of certification generally and the MLA's certification program specifically, particularly since the basic requirement is the master's degree from an accredited program. Mirsky questions, however, whether schools which have not met or sought accreditation will be affected. In turn I ask, if they offer courses in health sciences librarianship (there are those that do) how can they not be affected? She also questions the effect that the basic requirement will have on those library schools with accredited programs and suggests that it is not likely that medical librarians, a small percentage of the library community, can exert influence on the accreditation process. Again I ask, has the health sciences library community utilized its library educator component to the fullest? Library educators are faculty members directly involved in the accreditation process in their respective environments. The entire faculty participates in that process, including a thorough examination of the curriculum, e.g. health sciences librarianship. In addition, have health sciences librarians made themselves available, when requested, to serve as members of an accreditation team?

The second requirement for MLA certification, a competency-based examination, has been described by Mirsky as presenting problems within the structure of the library school curriculum. To quote:

> Individuals accustomed to traditional examinations testing recall, whether by short answer response or essay, are likely to be uncomfortable with the rationale that one can not really study for competency-based examinations.

This statement, in my opinion, is representative of the misconceptions regarding the structure of the curriculum. Although the use of the terms, "competencies" and "competency-based," which have emanated primarily from schools of education, are currently in vogue; the concept of curriculum objectives, couched in behavioral terms, has been in existence for many years. The works of Bloom[2], Mager[3], and McKeachie[4] are well known and used by the majority of faculty in institutions of higher education. The rationale given in the 1972 ALA *Standards for Accreditation* for the section on curriculum is the ALA 1970 *Library Education and Personnel Utilization* statement.[5] This statement, which was written and supported by employers, employees, educators, and other library-related persons, is as follows:

> The distinctive quality of a school is reflected in the nature of the experiences it consciously provides to assist the formal learning process. Professional responsibilities require special background and education by which the librarian is prepared to identify needs, set goals, analyze problems, and formulate original and creative solutions for them; and to participate in planning, organiz-

ing, communicating, and administering successful programs of services for users of the library's material and services.[6]

It would appear, in my opinion, that the structure of the total curriculum and the ability of the graduates of the accredited programs to handle competency-based examinations is not the problem. I must speak in terms of my own experiences at this point. When questioned by Roper in his survey as to whether or not the new certification code would affect the teaching of the courses in health sciences librarianship at Michigan, my answer was "No," especially when the examination is of a multiple-choice type, which to quote Estelle Brodman, is "testing for information, not thought." I cannot speak for all of library education, but problem-solving, analysis, synthesis, and evaluation are the heart of teaching methodology at Michigan.

2. **MLA Certification in Relation to Postgraduate Education**
and
3. **MLA Certification in Relation to Continuing Education**

Mirsky makes the statement that, with the MLA's Certification Program concept of recognition based on work-related continuing education activities, a vast market for postgraduate training has been created. She mentions specialized library school courses and institutes as types of training and certified medical librarians seeking recertification and graduates of non-accredited and accredited programs as the market. Mirsky also notes that a clearer definition is needed as to what constitutes post-master's training – and our discussions, so far, bear out this premise. Is post-master's training continuing education? a sixth-year certificate? a doctoral program? Is Mirsky suggesting that for post-master's training approved courses might be appropriate? Can courses developed for any one of the groups mentioned earlier be appropriate for all? I think not, and I am uncertain as to the distinction Mirsky makes between postgraduate training, post-master's training, and continuing education. Perhaps this whole area needs much exploration on the part of both librarians and educators.

In concluding, I would bring to your attention a major component of the certification and recertification process that has not been mentioned, the employer of the health sciences librarian. Earlier I mentioned that certification has no legal sanction, but I do not believe that any discussion about certification can omit the importance of the employer in the process. In addition, I pose the following questions:

a. Is the certification process, as presently structured, a valid indicator of performance expectations to potential health sciences library employers?

b. Are schools with non-accredited programs affected by certification?

c. Are schools with accredited programs affected by certification?

d. Are librarians denied employment in health sciences libraries because of lack of certification. If not, why not?

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GROUP DISCUSSIONS AND RECOMMENDATIONS

Position paper number five is concerned with the certification program of the Medical Library Association and its relationship to education for health sciences librarianship. Discussion group comments have been grouped under the following categories: 1) The basis for certification and the examination requirement, 2) Certification and the library school, 3) Recertification, 4) Certification as a requirement, 5) Individuals not eligible for certification, and 6) Recruitment of the best candidates to the field. Again one finds considerable repetition and overlap between comments, but a large number of comments have been included because of the particular importance of this topic in health sciences librarianship today.

The Basis for Certification and the Examination Requirement

The Association has been working on certification since 1948. Let's not quit now.

It is unfair to expect answers to the respondent's questions, but it is certainly time to ask these questions. The Association needs to be sensitive to these points as we move through and define the process for the certification program.

Having taken the certification examination, it appears that a lot of the competencies do not pertain solely to health sciences librarianship. Many of the competencies would be expected of any person in the library field.

Foreign students or foreign members who take the certification examination may be at a disadvantage. Canadians for example may answer differently than U. S. candidates. Is there any flexibility built into the examination to take care of this or is the "American answer" required of all?

Instead of objective testing, or in addition to it, the Association should take a look at other testing procedures. In some areas of medicine, the use of case studies is very effective. There is no reason why course work should be the only avenue to recertification and no reason why testing should be only by multiple-choice examination.

The last scoring of the examination took into account the amount of experience an individual had prior to taking the examination. Those with more experience generally did better than those with less experience. The poorest showing was by those with no experience. This is what we want from this certification examination.

There is adequate proof that some learning comes from experience. Some of the learning being tested is the kind based on experience. What about the person who takes the examination and only one-third of their experience relates to the examination. If such individuals need to acquire the other two-thirds knowledge on their own somehow, then this should be stated more explicitly. People do not now understand this concept of the examination.

What attempt will there be to do a study about the relationship between job performance and performance on the examination? The MLA should do a follow-up survey and include

this aspect. This still won't tell you how passing an examination contributed to job performance, but it will indicate whether or not the examination singled out the right people. It may indicate whether or not the examination fulfills its own stated objectives.

It is important that everyone involved with the certification process realize that a lot of people wish that they had somehow received more information about the process. Some of the aspects of the program, while part of the open record, have not been clear to everyone. Explanations need to be more readily available because many individuals are affected now who were not affected before.

There is disagreement about the certification program and that is fine because the program is not meant to be any more static than the certification it is trying to bestow.

The Association's objective is that the certification code will be accepted and that individuals who work in health sciences libraries will seek certification. But because we do have different values, we need to give ourselves time to get through the communication process and either stand behind the program or change it.

More people are going to have to see the examination in order for us to defend it. We want to be in a position to defend it, but we are going to need more information.

We need to restate the conclusion of the original survey behind the certification code. Certification should remain a top priority item with the Association. It must be adequately funded to support the continued refinement of the process. It is one of our major concerns.

Certification and the Library School

How much responsibility does the library school have to prepare the student for certification? This is not clear to library schools.

Certification may put pressure on non-accredited library school programs to meet the standards for accreditation. Some instructors are considering teaching for the examination. It is unlike the examination that used to be given. This examination measures competencies. The MLA should concern itself with the relationship between library school programs and the certification examination.

It is not likely that the certification examination will have much influence on the accreditation of unaccredited library programs. But it is one additional form of pressure in that direction. The examination requirement should be stressed and MLA should hold the line on requiring a degree from an accredited program.

Most health sciences library programs would probably attempt to prepare students, at least in a general way, to take the examination. This would be part of their responsibility to the student. However, the intervening two years of experience after an individual receives his or her degree can make a big difference. An individual can learn a substantial amount or be substantially damaged in those two years depending on the position they secure.

For a library school educator, the passing of the examination by students may be the first indication of whether or not students are receiving appropriate instruction. It is very helpful to the confidence of an instructor that a majority of his or her students are successful in passing the examination. It is an indication that he or she is doing something right. What this supports is that the examination should influence course design. However, there is a difference between influence and overinfluence.

The point of view of the student is important. If the student's motivation is to pass the certification examination, then he or she will have to learn about staff management, resource allocation, and so on. It is not inappropriate that the student has this motivation. Certification should influence course design, but it is not the only major influence.

The certification examination may bring course design a little closer to the real world, but let's face it, course work can't all be practical. If the basic course design is academically sound, then students are going to receive the theory and principles behind health sciences librarianship. They will also get the applied knowledge they need to go out and perform.

What is the difference between performance standards underlying the certification examination and the old MLA standards for courses in health sciences librarianship? Well, the old standards were specific content oriented statements while the performance objectives indicate the level of job performance expected of those who pass the examination. Performance standards state the competencies expected of entry level health sciences librarians. Our concern should not be whether or not these competencies are treated directly in the health sciences librarianship courses, but rather, are they a part of the library school experience. This is the more important question.

There are a lot of things that library schools would like to have – recommendations, guidelines, standards – but not control. Library school educators should be more involved in MLA education activities. MLA needs to know just what kind of teaching is being done in library school programs. If this kind of involvement did occur then it would be clear that MLA does want to cooperate with the library schools.

Non-accredited library schools are influenced by the certification program because they know that their graduates aren't going to qualify to even take the examination. This will probably convince them not to offer courses in health sciences librarianship.

Can we define potential performance? A student walks out of a class with a top grade because of ability to read, synthesize, and think. This student may or may not also have attitude, behavior, and personality traits that will determine his or her success in future job performance. The certification examination doesn't measure personality and if it could, it probably wouldn't be legal.

Under the old code you almost had to take one of the courses in health sciences librarianship. Now you can study on your own for the new certification examination. Thus in this fashion, library schools are not affected, but enrollment in health sciences librarianship courses might be. However, anyone who wants to be a health sciences librarian and goes to a school with these courses would almost certainly take them.

It is very difficult for an educator to see any test of the kind being given as unrelated to course work. They believe that there has to be some relationship between what is being taught and what is being tested. If they know what is being tested, they will modify their courses to cover the appropriate areas and give students the opportunity to learn what they need to know in order to have a fair chance to pass the examination.

Individuals call the library school frequently and, depending on their level of understanding, ask either about what they can take to pass the test or what they can take that might help them to pass the test. Either way the library school would like to know the answer. They must respond to their consumer groups.

The fact that some library schools may have cancelled courses in health sciences librarianship is not necessarily a bad thing. You are going to have centers of excellence. If individuals have the incentive to want a course in health sciences librarianship, then centers of excellence will survive.

Recertification

The use of MLA's own continuing education courses for recertification credit is inappropriate because it makes MLA both judge and jury for recertification requirements they themselves have set.

There is a problem with giving the certification examination to people with different levels of experience. Because an individual must be recertified every five years, if they take the examination option, they are still taking a test of entry level competencies years after they have passed the entry level. Expectations ought to be higher for this individual than for the entry level person.

It should constantly be emphasized that certification and recertification provide one means of improving the quality of health sciences librarians and raising the standards for health sciences librarianship.

The new certification program was designed to eliminate some of the problems connected with the old certification program. Even so, it brought along a new set of problems of its own. One of these involves the unknowns in the relationship between the certification examination, continuing education activities, and recertification. There are many questions about the quality of these continuing education activities and the degree to which these activities actually add to or update an individual's body of knowledge. Does certification really mean anything with regard to how well a person does on the job?

Certification as a Requirement

We may not want to put more teeth into the certification program, but we should work to get certification more widely accepted as a criterion for employment. If we are going to have certification, then it ought to be more widely required in the profession.

The wording for Provisional Certification sounds negative to an employer. This type of certification should be called beginning or basic or something else.

Employers need to be alerted regarding the intent of the certification program. Library school graduates and employers are going to have to take a closer look at the experience requirements set for entry level positions and the competencies that are required for these positions. Many employers are not aware of the importance of the first two years of employment for their staff members. These are the years in which experience is gained that will enable them to pass the certification examination.

There are only so many beginning positions in health sciences libraries and library schools are turning out more applicants than there are jobs. We need to increase the number of entry level positions. In the 1960's there were jobs everywhere; now the new jobs are on the frontiers of librarianship. They are information broker types of jobs. These are personal kinds of jobs that require advertising skills as well as being a library research assistant to some individual or team. The job market has changed considerably.

It is nice to realize that the usefulness, importance, and value of certification as such is not in question. That never used to be true and it is good to see that it has changed. Now it is not whether one should have certification, but rather how is the best way to go about it.

Until the day that employers require certification as a condition for employment, the certification program is not going to have its full and proper impact. People will continue to get by without it unless they are forced to be certified.

Hospital employment is very important in most parts of the country. In our state the battle is mostly won, but it is not completely won. For years hospital administrators could not understand that health sciences librarians were not the same as medical records librarians. When we were able to say that health sciences librarians are certified by a professional association just the way internists and anesthesiologists are then we were talking a language that the administration understood.

We are agreed that, at present, health sciences librarians are not being denied employment for lack of certification. But if not, why not? One reason for not denying them employment is the questionable legal basis for doing so.

Certification is a valid indicator of performance, but not the only one. Therefore, employment should not be denied on the basis of certification alone. Other valid indicators of performance include a master's degree from an accredited library school, personal characteristics, and qualitative non-competitive judgments made by the employer concerning each individual applicant.

If experience is important for passing the competency-based examination, then it must be experienced across the board in the various areas being tested. But typically a new person goes to work in one job and may not get out of that job in the first two years. If the job happens to be in reference, they don't really do any work in technical services. Employers need to be told of the importance of gaining broad experience in entry level positions for certification purposes. If employers were given some push towards rotating entry level people, this might help.

If there are two people who seem to be equally qualified for a position and only one of them is certified, as an employer I would take the certified person.

Of the measures available, certification is an acceptable measure of the competency and possible performance of an individual. The competency-based certification examination has a lot of advantages over the old system where it was simply a matter of taking a course. There was considerable variation in the quality of these courses and you really didn't know how a certified individual might perform. The new certification program is not perfect, but it is certainly more objective.

For some employers the certification qualification has been secondary to the institution from which the individual received her or his library degree.

There are health sciences librarianship programs in this country at certain schools that have very well designed programs. Others are offering a hodgepodge of courses that they call a health sciences librarianship program. Many employers when they are recruiting stay clear of those schools that are known to have a poor curriculum.

We all pay attention to which schools prospective employees attended and we are inclined to favor people from the schools that we consider of high quality. But there is some difference of opinion in what people consider high quality schools.

You can't get any one thing that indicates absolutely that so and so is a good person. There is nothing that says "take this one, don't take that one." This is compounded when the employer is not familiar with what a librarian is supposed to do. This is the case with most hospital administrators.

Certification as a qualification for health sciences librarianship originated with our people. Since the beginning of the program there has been an effort to persuade health sciences librarians who are employers to hire people who are certified. This part of the program has only been moderately successful. Whether it will be more successful under the new code we don't know.

If the new certification code had required a very basic criterion for entry into the profession, then that would probably have put MLA back in the position of interfering with the curricula of the library schools. If not that, then the Association would have to have enough input to the library school programs to be able to tell the potential employer how well candidates from a particular program might have been trained. Because many individuals did not have access to library schools with health sciences librarianship courses, the decision was made to go the other way. The basic requirement for certification became the demonstration of competencies that would be acquired in the first two years on the job as a health sciences librarian. This it was felt would give the employers of health sciences librarians a much better idea of what the individual could be expected to do.

Students just out of library school are not really ready for the examination. They have done everything they need to up to that point, but they still need the two years of experience. Obviously they want to be hired in order to get that experience. Where are the employers who are going to play ball by offering to employ these people? When employers

look at the very basic entry positions in their libraries they can no longer ask for certification as a requirement.

Certification reflects the changing needs of the work place. New librarians are now going to come into a work situation with different sets of expectations. One set is to do a good job for the library. Another set has to do with personal goals. If the new librarian wishes to be certified, then his or her expectations about the type of work experience received during the first two years may be very important.

There are hospital administrators who don't give a damn about the master's degree. They want to know if a person has been certified. In academia the credentials we look for are different, and we are not particularly concerned about certification at this point in time. We are concerned about the educational credentials.

Hospital libraries have a tremendous need for people and usually they cannot afford to employ people with much experience. Frequently they have to take someone with lesser credentials. Now that the certification credential is being emphasized by the Joint Commission on the Accreditation of Hospitals, as it should be, many people without the certification credential will be locked out of these jobs.

Individuals Not Eligible for Certification

There are people working in health sciences libraries who are graduates of unaccredited programs and it is an unfortunate situation. Sometimes they are very good people, but if the accreditation and certification processes are going to work, then the requirements need to be strongly enforced. It will mean that a few people will be penalized by it.

One avenue open to people from unaccredited programs is to seek a sixth-year or doctoral program in an accredited school. If they can finish one of these programs then they should be eligible to take the examination.

A lot of people went to unaccredited library schools when they were young and green and didn't even know about accreditation. Now they have been working for some years and working successfully and the question is whether or not they should be shut out of the job market. This lack of certification may just come to mean that.

People coming out of unaccredited programs, and the number may be substantial, find out right away in the job market that they are not credentialed. Employers want individuals from accredited programs. So in about three years or so, these individuals from unaccredited programs are trying to get into sixth-year programs in accredited schools in order to get themselves credentialed.

Recruitment of the Best Candidates to the Field

This gets back to something we talked about before – the individual with the spark in his eye. If library schools just accept anyone who applies who meets their paper requirements,

then we will be faced with persons who more or less enter through the back door. However, we have been stressing the need for candidates with a set of personality characteristics, if we can just identify the desired set of characteristics. However, they are not going to be judged by this criterion by library schools, nor is the certification examination going to measure these characteristics.

If a library school is going to make a commitment to have a course or courses in health sciences librarianship, then they have to make a commitment to see that they get good people to teach these courses. These individuals need to be involved with the total curriculum and program. And it is through counseling that students with appropriate motivation will be admitted to these courses.

Certification places the responsibility on the individual. We all know that there are poor students who get through good programs. There are also good students who go through poor programs and are then able to compensate for these programs.

Recommendations

That the Medical Library Association conduct a survey of employers of health sciences librarians at the end of five years from the implementation of the new certification code to determine:

> What value there is in having certification. A statement is needed about what certification can or cannot accomplish.
>
> What are the advantages of the new certification code over the old code, if any? Does the new code help to standardize the evaluation process? Is the new code more objective than the old code?
>
> What weights should be attached to the evaluative criteria for employment between curriculum, certification, and the personal interview?

That a follow-up study be conducted on the actual job performance of individuals who have been certified under the new code as compared to those who have been denied certification, and to those who have not sought certification.

That an effort be made to determine the effect, if any, of the certification program on students and graduates of non-accredited library school programs.

That an effort be made to determine the effect, if any, of the certification program on enrollment in health sciences librarianship courses in accredited library school programs.

That employers and others in the profession be made aware that certification is an acceptable measure of competency and the potential for job performance, but it is not the only important factor to be considered nor is it the only measure that should be employed.

That there be improved public relations between the Association, instructors in health sciences librarianship courses, and employers regarding procedures for preparing individuals for the competencies being tested by the certification examination.

That there be better dissemination of information to all groups concerning the Association's certification and recertification programs.

That a reassessment be made of the personnel and funding required to maintain and evaluate the certification program. The Division of Education should continue to provide the necessary backup support for this program.

That the Association be sensitive to the needs of different institutions with regard to the importance placed on various components of credentialing.

That consideration be given to administering a different examination for recertification than the one used for certification.

That the original data used to derive competencies for the certification examination be examined to determine their current validity and to identify competency areas not now covered by the examination.

That students in library school programs be made aware of what is expected of those taking the certification examination. Health sciences librarianship educators must teach what they decide is important in this subject area while keeping in mind the realities of health sciences library practice.

That the profession not expect certification to be widely required for employment until such time as it becomes a more commonly accepted measure of performance.

That library school educators determine ways of helping those individuals who attended non-accredited library school programs to acquire the credentials necessary to enable them to take the certification examination.

That a survey be conducted by the Association to determine which accredited library schools will accept graduates of non-accredited library schools for admission to sixth-year and doctoral programs. Encouragement for acceptance should be included as part of this survey.

That employers be made aware of the relationship between certification and the first two years of employment in the career of a health sciences librarian.

That the Association consider the inherent conflict of interest in their combined role as developer and provider of continuing education and assessor of educational credits for recertification.

That the Medical Library Association hold the line regarding pressure to accept individuals for certification from unaccredited library school programs.

POSITION PAPER SIX

THE RELATIONSHIP BETWEEN GRADUATE EDUCATION AND CONTINUING EDUCATION IN HEALTH SCIENCES LIBRARIANSHIP

Jo Ann Bell and Fred W. Roper

Continuing education in health sciences librarianship has to date been centered very heavily in the programs of the Medical Library Association and in the programs of the regional medical libraries. Library school efforts in this area have not been extensive. With the implementation of the new certification code by the Medical Library Association, it seems likely that greater continuing education efforts for health sciences librarianship are needed to be undertaken by library schools. This paper examines the concept of continuing education and explores the roles of various agencies in providing such opportunities, with emphasis on the role of the library schools. Factors influencing the participation of library schools in continuing education efforts are explored in the context of the library schools' overall programs.

Insofar as library education is concerned, those factors affecting continuing education for the health sciences will be the same as or similar to those affecting continuing education for all types of libraries. Accordingly, in discussing the role of library schools, this paper emphasizes the types of activities being carried out in continuing education and focuses on the constraints which library schools may face in developing viable continuing education programs, regardless of type of library.

Overview

Recognition of the need for updating and extending initial professional education is not new. Ralph Munn in his report on library education in 1936 indicated there was a need for continuous training of librarians.[1] However, the rapid change which is characteristic of today's society intensifies the need for continuing professional education. The steady decline in the half-life of professional knowledge means that professional obsolescence is a constant threat and that the concerned professional must avail himself of continuing education in order to counteract that threat.

In addition, the constant threat of obsolescence requires that an apparent and readily accessible means for coping with change be available. Change as a phenomenon of modern life has been dealt with by Alvin Toffler in *Future Shock*. Toffler has proposed that the fast pace of change which results in an increased rate of turnover for all relationships may overwhelm the individual's adaptive system, psychologically and physically. When this situation occurs, the individual becomes a victim of future shock which is characterized by anxiety, hostility, depression, apathy . . . , social, intellectual and emotional withdrawal.[1] As a professional is subjected to new technologies, knowledge growth, and changes in responsibilities and relationships, there is a need for adaptive mechanisms which will enable him to respond positively to these changes instead of becoming a victim of professional future shock. Continuing professional education can serve as such a mechanism.

Recognition of the changing needs of society is a part of a librarian's development. This ongoing process begins with pre-service education (indeed, with the background a librarian brings to pre-service education) and continues at least until retirement, although the conclusion of active service does not and should not preclude the continuation of interest in the field. Unfortunately, the incentive and means for carrying out needed changes are not always present; many librarians continue to function in the same manner without realizing that the drastic changes of recent years must be reflected in the service which they give to library patrons. It is no longer sufficient to have a graduate library school degree, even if the degree was awarded only ten years ago. All members of the medical library profession need to have their knowledge brought up-to-date on a continuing basis. Although it is true that swift changes will not be apparent in all types of health sciences libraries, all of these libraries will be affected to some degree by the changes taking place in the profession. Indeed, libraries must be affected if an effective national pattern of library service for the health sciences is to develop.

While there is agreement about the need for continuing education, the complexity of the factors surrounding continuing education results in some difficulty in formulating clear-cut definitions of roles and responsibilities. Continuing education as a concept lacks a universally acceptable definition: therefore, what is considered by one individual or group as continuing education is unacceptable to another group or individual. This lack of agreement is more than a matter of semantics. As Elizabeth Stone has noted, ". . . it is a stumbling block that has slowed down action. . . ."[2] For this paper, continuing professional education is defined as any learning activity used by a professional and which in the mind of the learner builds on some previously established base to extend and amplify awareness or capacity.[3] Activities for which continuing education units are given and which meet the conditions specified above are considered as continuing education; however, degree or formal certificate programs are not considered as continuing professional education activities.

In spite of the problems in defining continuing education precisely, there appears to be general agreement that professionals, professional associations, and professional schools are all important components in the development and presentation of continuing education programs for librarians.

Role of the Professional

Although the librarian may recognize and acknowledge the necessity for "keeping up," too often his present work responsibilities and day-by-day problems cause his goals to remain short-range rather than long-range. Thus, the librarian offers the very justifiable excuse that the demands of the moment leave no extra time, although the concerned librarian will make the extra effort needed to carry out programs of continuing education. Quite often, however, a major obstacle may be a lack of planning or lack of a goal. As a good acquisitions librarian analyzes the needs of his public in order to develop a basis for his book selection, so must any librarian analyze the needs of his own career to develop a useful program of continuing education.[4] It is not enough for the programs to be available; librarians must want to take advantage of them.

Although change is the most obvious factor in making continuing education necessary, an individual will perceive areas in which additional work would be helpful to supplement his basic educational preparation. For the most part, preparation for health sciences library work comes when an individual has had little or no experience in the field. As he gains experience on the job, he identifies areas in which he has deficiencies. Another factor in the basic preparation for librarianship is today's uncertain job market, producing a situation where a library science student attempts to prepare for everything from health sciences librarianship to work with children in a public library, in the hope that he will be prepared for the jobs that are available.

Another incentive in continuing education is individual career development. A librarian may wish to move from a position as a specialist such as a reference librarian or cataloger, to one as a generalist, such as an administrator. In this case he needs to become familiar with many more aspects of health sciences librarianship than his previous experience has prepared him for.

Role of the Professional Association

The impact of change on the need for continuous learning has been recognized by library associations as well as individual librarians:

> Continuing education is essential for all library personnel, professional and supportative. . .[5]

> The best library education can become obsolete in a few years, unless the librarian makes a very determined effort to continue his or her education.[6]

> The very nature of librarianship requires a variety of skills which must change with societal and technological changes. Continuing education is a catalyst for creative change.[7]

The Medical Library Association has a long and proud history of education for medical librarianship; particularly outstanding have been the Association's activities in continuing education.

In 1962, Dr. Frank B. Rogers, then President of the Association, appointed the first Committee on Continuing Education under the able chairmanship of Dr. Estelle Brodman. The Committee was charged with studying, planning, and arranging programs for the continuing education of medical librarians and ancillary personnel, and with making recommendations to the Board of Directors from time to time as to other means by which the continuing education of medical librarians could be served.[8]

In 1958, the Association had sponsored "refresher courses" which preceded the annual meeting.[9] The twelve courses which were offered approximated the subjects covered in the *Handbook of Medical Library Practice.* Each participant had the option of choosing four courses, each of which met for approximately two hours. Although the courses were judged successful and were offered again in succeeding years, the participants indicated that they

would like to have the course offerings expanded and each topic covered more extensively. With the appointment of the Committee on Continuing Education in 1962, the Association began a concerted effort to find the optimum means of making available to the membership opportunities to learn about new developments in the field.

The newly appointed committee spent two years examining possibilities for continuing education. In a paper given at the Third International Congress on Medical Librarianship, Dr. Brodman enumerated the recommendations of that first Continuing Education Committee.

One of the proposals made was for a series of graded courses to be taken over a number of years; another was for standardization of what was taught; a third was for a peripatetic "school", brought directly to the local area and the younger staff member, who often could not come to the Association's annual meeting.[10]

Two courses in computer technology were offered at the 1964 meeting in San Francisco. One was a practical task-oriented course, "Basic Punched Card Principles for Librarians," and the other was a theoretical seminar, "Implications of Machines in Medical Libraries – Social, Economic, and Administrative." With these two courses offered to 198 registrants, the Association's present program of continuing education courses began.

Refresher courses on various topics had been offered at earlier annual meetings. The new Committee concentrated on the development of courses to be offered on a cyclic basis. Since the first courses, a great many courses have been planned and developed for presentation in a one-day format, and each annual meeting since 1964 has included one day or more of continuing education courses in this format with attendance steadily increasing. The Association has also made courses available for presentation at regional meetings since 1965, and the number of regional groups offering courses has also increased steadily. Thus, the membership has indicated its strong support of continuing education activities through increased enrollment in the various presentations.

The appointment of the Director of Education afforded the Association the opportunity to have a more stable and permanent program than could be accomplished through a volunteer committee alone. The Director of Education works with the Committee to achieve the Association's goals in continuing education. Program development is given to the Committee, and the Director of Education has the responsibility for carrying out the continuing education programs of the Association.

Role of the Library Schools

While there are many groups who must share the responsibility for continuing education, library schools are uniquely qualified for providing continuing education opportunities in all aspects of librarianship, including the health sciences. In fact, library schools have a primary responsibility for designing professional education programs, and continuing education is a subdivision of the field of library education.[11] In addition, as components of higher education institutions, library schools possess many resources which enhance their capabilities for providing continuing education activities.[12, 13] In spite of their potential for contributing to the continuing education of professionals, however, there may exist a number of factors

which result in continuing education being perceived as extraneous and peripheral to the purposes of library schools. In order to determine whether higher education institutions can be expected to assist in meeting continuing education needs of professionals in health sciences librarianships, it is necessary to examine influences which are operating on them.

Accreditation studies and library school catalogs provide relevant information about the schools' concepts of their responsibilities for continuing education. An examination of twenty-nine accreditation reports revealed that twenty-three (79.3%) schools mentioned continuing education in their objectives either by describing the need for continuing education programs for alumni and other professionals or by noting the need to develop in their graduates an appreciation of the role which continuing education should play throughout their careers. The following statements are representative of the objectives related to continuing education:

> To provide means for the continuing education of practicing master of science librarians and information scientists in a time of rapidly changing disciplines.[14]
>
> Five vital roles have been defined for the University in a graduate professional education. . . . A fifth role which may well become a major function of the University in this area is continuing education and retraining of professionals later in their careers.[15]
>
> The school believes that it must assume a high degree of responsibility for the continuing education of librarians in the Atlantic area.[16]
>
> The development of an adaptive pattern of continuing education in order to retain a viable, wholesome professional attitude.[17]

An examination of forty-seven catalogs and bulletins of library schools with accredited master's programs revealed that thirty-nine (80.9%) contained either in the objectives or elsewhere some mention of continuing education. Twenty-seven schools (57.4%) included an objective on continuing education while sixteen schools (34%) made what appeared to be a stronger commitment to continuing education by providing special sections headed "Continuing Education." It seems probable that such sections are more likely to attract the attention of practicing librarians than would the goals and objectives statements.

The descriptions of programs executed by schools to accomplish their continuing education objectives are useful for identifying activities which are appropriately considered as continuing education efforts. There is considerable diversity in the activities described as part of continuing education programs, and there would probably be little agreement about their relevant effectiveness. However, the following activities are frequently mentioned as components of continuing education programs: (1) scheduling of courses at convenient hours or through extension; (2) development of new courses which reflect current and emerging concepts; (3) cooperation with other agencies and institutions; (4) maintenance of liaison with groups which are working on continuing education;[18] (5) development and offering of workshops and institutes on content not covered in the master's program; (6) admission of practicing librarians to select graduate courses;[19] (7) offering of sixth-year certificate and doctoral programs; (8) provision of courses or other training on continuing education during the master's program; and (9) carrying out research on continuing education needs, problems, etc.

Although library schools are making a verbal commitment to providing continuing education opportunities for the profession, it is not unusual for substantial differences to exist between what is supported in theory and what is actually practiced. Therefore, information about the recent continuing education activities of library schools will help to assess their contribution to the continuous professional development of librarians.

Assessing Continuing Education Activities of Library Schools

While many library schools are making serious efforts to develop viable continuing education programs, it is difficult to assess the intensity of these efforts because of the diverse interpretations of the types of activities which most appropriately constitute continuing education programs and because of the difficulty of determining what individual schools have done and are doing. One problem is the lack of a single definition of continuing education which will satisfy everyone. However, in general, there are three major classes of continuing education activities: extension of regular curriculum programs; special efforts aimed specifically at continuing education students; and cooperation with other agencies in the development and presentation of continuing education programs.

As was noted above, it is difficult to obtain comprehensive information on the current continuing education effort of library schools. Reports in the professional literature and brochures from individual library schools provide an interesting but incomplete picture of continuing education activities. Therefore, a questionnaire was distributed by Jo Ann Bell in September, 1977, to the library schools with accredited master's programs. Fifty-nine questionnaires (92.2%) were returned; of these fifty-seven (89.1%) could be tabulated. The schools were requested to provide information about their continuing education activities during the past two academic years and about their responsibilities for providing continuing education experiences.

For the survey three specific types of continuing education activities were selected for investigation. The schools were requested to provide information about courses offered at off-campus locations, courses scheduled at times convenient for practicing librarians, and special courses, seminars, or workshops specifically designed for continuing education students. These activities were selected for several reasons. While it is true that offering courses at off-campus locations does not of itself constitute a strong commitment to continuing education, it is certainly one way in which a school can make an effort to increase the availability of its courses to practicing librarians. It is something more than minimal effort if advanced level courses are offered. Also, as new technologies develop, even basic courses may serve a continuing education function, since practicing librarians will not have been exposed to these new concepts in their degree programs. Lastly, many librarians and library educators have noted the impossibility of a student's taking every course which could possibly be useful while enrolled in the master's program. There, scheduling of regular courses at off-campus locations can serve as a continuing education activity, although admittedly schools may use such scheduling for other purposes.

The reasons stated above for considering off-campus courses as continuing education activities apply equally to the scheduling of courses at times which are convenient for practicing librarians. Of course, while availability is increased by scheduling at convenient times, it is

not necessarily increased as much as when courses are given at off-campus locations. However, the location of a school may have as much to do with the utility of giving courses off campus as it does with the usefulness of scheduling them at convenient times. Therefore, it is impossible to make a judgment about the superiority of one of these techniques over the other.

Short courses, seminars, and workshops fall within the scope of continuing education activities more readily than do courses scheduled at off-campus locations or convenient times, since these courses are frequently designed specifically for continuing education students. It would have been useful to have had schools give responses about each of the three types of opportunities: seminars, workshops, and short courses; however, since there is frequently confusion in the use of the terms, these were considered as a group rather than individually.

Programs which lead to a degree or credentials were excluded for two reasons. First of all, it is much easier to obtain information on these activities from existing publications than it is to obtain complete information on the above-named activities. Secondly, degree and credential programs fall within the normal scope of operations of higher education institutions and have a value above and beyond that normally sought in continuing education experiences.

Table 1 presents data on the three types of continuing education activities. The technique used by the largest number of schools has been the scheduling of regular curriculum courses at times which are convenient for practicing librarians. While fifty-four schools (94.7%) have scheduled courses at convenient times, fifty-three (93%) have offered special courses, workshops, and seminars for continuing education students, and only twenty-nine (50.9%) have given courses at off-campus locations. When other data about the types of continuing education activities are analyzed, the same pattern emerges. The responding schools indicated the intensity of their effort by reporting the numbers of each experience which had been provided during the past two academic years.

Table 1
Comparison of Three Types of Continuing Education Activities

Activity	Activity Used					
	Yes		No		No Response	
	Number	Percent	Number	Percent	Number	Percent
Courses given off campus	29	50.9	28	49.1	-	-
Courses given at convenient times	54	94.7	3	5.3	-	-
Special courses for continuing education students	53	93.0	3	5.3	1	1.8

Not only have more schools scheduled courses at convenient times than have given off campus or special courses, but this activity has also been the most intense. An average of

17.2 courses per academic year have been scheduled at on-campus locations at convenient times as compared to an average of 5.25 courses given at off-campus locations and an average of 8.25 special courses, workshops, or seminars designed for continuing education students.

Table 2
Volume of Each Continuing Education Activity

Activity	Number of Schools Using Activity	Number of Schools Reporting Volume of Activity	Mean Number of Courses
Off-campus courses, 1975-76	29	27	5.3
Off-campus courses, 1976-77	29	27	5.2
Courses scheduled at convenient times (on campus), 1975-76	55	46	16.8
Courses scheduled at convenient times (off campus), 1975-76	29	25	4.96
Courses scheduled at convenient times (on campus), 1976-77	55	46	17.5
Courses scheduled at convenient times (off campus), 1976-77	29	25	4.9
Special courses 1975-76 & 1976-77	53	38	8.2

Convenient time scheduling, which dominates the other types of continuing education efforts both in regard to the number of schools using the technique and to the number of opportunities provided, results from a combination of factors. It is inherently easier to schedule existing courses at convenient times for practitioners than it is to offer the same courses at off-campus locations or to develop special courses for continuing education students. Scheduling of courses at off-campus locations means that problems of logistics, faculty resistance, and inadequate support resources must be faced. Developing special courses, seminars, and workshops requires that topics of interest to a sufficiently large audience be identified, course development funding secured, and released faculty time approved. Therefore, two of the three types of continuing education activities have so many problems attached to them that many schools may select that remaining activity with which fewer problems are associated. When Table 1 is first examined, it appears that the difference between the number of

schools giving courses at convenient times and those offering special courses is so small that the above analysis belabors a minor difference. However, an examination of Table 2 reveals that there is a substantial difference between the average number of each of these opportunities which have been offered.

Since many library schools operate in environments which fail to recognize continuing education programs as legitimate academic efforts, it is of interest to determine the type of faculty involved in continuing education programs. A greater proportion of the courses offered at convenient times (43.6%) are taught by regular faculty than are those given off campus (31%) or those designed for continuing education students (37.7%), although the results indicate that regular faculty teach a substantial proportion of all continuing education activities. In some cases courses are taught by a combination of special and regular faculty. It should be noted that many schools purposely bring in outsiders with special expertise for many of their short courses, workshops, or seminars designed for continuing education students; this practice probably accounts for the lower proportion of these courses being taught by regular faculty. However, it is equally likely that schools are eager to use qualified teachers who are not regular faculty for off-campus courses because of faculty resistance to traveling to distant locations to teach.

Courses have been scheduled at a variety of times for the convenience of practitioners. The scheduling of classes at nights has been used by the greater proportion of the schools (36.8%), while eighteen schools (31.6%) have scheduled courses at nights and weekends and seven (12.3%) have scheduled courses at nights, weekends, and other convenient times. A majority of the respondents indicating that courses had been scheduled at "other" convenient times specified late afternoon as that time; other respondents indicated that courses had been scheduled between regular sessions, during special short summer sessions, or in a one-week intensified session. From these data it appears that most of the schools have selected convenient times which provide accessibility for the practicing librarians as well as educational advantages. Teaching courses at nights may offer some problems associated with fatigue of persons who have already worked a full day or who have traveled some distance to attend class. In addition, there may be problems associated with assimilating large blocks of materials which are presented in an extended session if the class meets only once a week. However, these same problems are present and are perhaps more intense if *regular* courses are presented in a limited time period such as between regular sessions.

One indication of a commitment to continuing education in addition to the types of activities which are scheduled is the assignment of responsibility for investigating continuing education needs and coordinating continuing education programs. Eighty-six percent of the schools have designated a person or persons to investigate continuing education needs, coordinate continuing education activities, or a combination of the two. The assignment of responsibility may be to a faculty committee, a doctoral student, a faculty member, or an administrator. Library schools recognize responsibilities to several groups for providing continuing education experiences. Thirty schools (52.6%) indicated that it is their responsibility to cooperate with professional associations and state or provincial libraries and that continuing education is their obligation to the librarians in the state or province as well as to the profession in general. Other responses covered many different combinations of these concepts. Schools indicating "Other" as a choice in combination with another factor noted that continuing education is a responsibility to information users or to their alumni. It is apparent

that while there is some consensus of responsibility for continuing education, schools do interpret the source of that responsibility in varied fashion.

In general, library schools evaluate the response to their continuing education programs as good, very good, or excellent. The data reveal that seven schools (12.3%) have had excellent responses, fifteen (26.3%) very good, thirteen (22.8%) good, eleven (19.3%) fair, and four (7.0%) as poor. Of course, evaluations such as these are subjective. However, the comments made by some of those who rated the responses to their efforts as fair or poor provide good insight into the problems faced by those attempting to develop and present continuing education programs.

> "It appears that unless librarians get release time, are reimbursed for their expenses, or are pursuing a degree they are reluctant to participate in continuing education. Motivation in the form of reward on the part of the employer would seem to me to be the key to improving the professional by way of continuing education."

Others noted that there was the need for a good promotion program and that short, non-credit activities have been more successful than the semester-long courses.

Conclusions and Recommendations

It is apparent that library schools are concerned with continuing education and that a variety of programs and opportunities are being provided by the schools with accredited master's programs as a result of this concern. A minimal effort of schools involves admitting practicing librarians to regular curriculum courses and offering these courses at *off-campus* locations and/or in evenings or at other times convenient for practitioners. Additionally, the development of a commitment to life-long learning in their master's students and encouragement of faculty and student research in the area of continuing education are activities which fall within the normal role of the schools.

Although library schools are contributing to the continuing education needs of the profession, there are serious obstacles which hinder the development of aggressive, multifaceted continuing education programs. One major problem is the fragmentation of continuing education efforts, which can be overcome if professional groups will develop programs cooperatively. Cooperation can take the form of feedback from the profession on the types of educational opportunities needed, joint funding of course development, sharing of resource persons, and pooling and exchange of programs.

Furthermore library schools must work to define their relationship to campus extension and outreach programs; frequently these programs offer services which can simplify the mechanics of continuing education program organization and presentation. Unfortunately, lack of cooperation and communication results in underutilization of these services. Just as frequently library school faculty may feel that they have not had an adequate opportunity for participation in program decisions made by the extension or continuing education offices. Cooperation and coordination within the university are important for maximum effectiveness of continuing education efforts.

Besides cooperative endeavors, the library schools should develop special advanced courses geared to the needs of practitioners and offered at times convenient for them. In this effort as well as with cooperative endeavors, library schools may be hampered by institutional constraints. Within most higher education institutions, continuing education activities are assigned low priority which is reflected in the fact that when tenure and promotion decisions are made, participation in continuing education activities is not considered as important as research and publication. Library school faculty need to work within their universities to bring about recognition of higher education's responsibility to respond to the continuing education needs of professionals. Certainly, higher education institutions will not immediately change their traditional value systems and begin to equate efforts to develop and offer continuing education programs with research and publication. However, concerned professional schools working together may be able to bring about changes in higher education institutions' priorities over a period of time.

Continuing education is an opportunity for the library schools to make a direct effort to improve the day-to-day operation of all types of libraries. Therefore by working within the universities to overcome priority problems and by working with the various professional groups to develop a viable model for planning and implementing continuing education programs, library schools can make contributions for which they are uniquely qualified. The enthusiastic participation of library schools will increase the probability that the full potential of continuing education will be realized in health sciences librarianship as in other areas. Incentive for greater efforts may well come through the initiative of the Medical Library Association, local health sciences libraries, and the regional medical libraries.

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RESPONDENT'S COMMENTS – POSITION PAPER SIX

The Relationship Between Graduate Education and Continuing Education in Health Sciences Librarianship

Respondent: Rachael Goldstein

Bell and Roper identify the three components important to developing and presenting continuing education for librarians: the librarian, the professional association, and the library school. Any planning that we do must take into consideration the economics of continuing education for each of these components.

Library school continuing education courses have to draw on a larger market of librarians, not just health sciences librarians. How much are librarians prepared to spend on tuition if they are not on a certification or recertification track? Without the pressure for certification, does the securely employed librarian have the motivation to spend his or her *own* money? Is there a break-even for the "future shocked" librarian to expend significant sums, and will the "return", financial or other, be proportional to the investment? Does librarianship exert effective sanctions on the professionally obsolete? Continuing education programming cannot be dependent on employer reimbursement. A *librarian* administrator in a large library who recognizes the value of investing in upgrading staff members may be likely to reimburse, but are there many such enlightened non-librarian administrators who decide whether to use institutional funds to reimburse the librarians of the smaller libraries? I suggest that a necessary adjunct to developing continuing education for librarians is promotional planning so that the need for librarians to update their skills is recognized by administrators as comparable to the continuing education requirements of other staff professionals.

In discussing the second component, the association, Bell and Roper trace the development of MLA's growing roster of continuing education courses – with MLA fostering continuing education long before it became fashionable. To what extent, though, has the MLA program been *continuing* education, or remedial and compensating for inadequacies in the graduate education – a response to finding MLS librarians unprepared to work in health sciences libraries?

Of the three identified components, has MLA taken on too large a share? Have health sciences librarians grown too dependent on MLA and taken for granted that it is MLA's responsibility to keep them supplied with continuing education opportunities? Is MLA's share of continuing education proportional to its financial resources and to its other commitments? Shouldn't the "Association" component be broadened? MLA has been a leader among library associations for continuing education. At this point, what programs can be developed jointly with other library associations? And is it appropriate to look to the RML's to function as regional coordinators or facilitators of continuing education, including programs of library schools and of local MLA groups?

Bell and Roper point out that the third component, library schools, assign continuing education a low priority. However, it may be to the schools' eventual economic benefit to develop this curricular area. As the market for entry level librarians remains contracted and recruitment of MLS students falters, the schools, for pragmatic reasons of assuring their continued

survival, should redirect promotional and recruitment energies towards filling an expanded continuing education program.

Bell and Roper have recommended that library schools assume a larger role in providing continuing education. If they do, the schools' and MLA's programs must be complementary, not competitive. It is vital that a *broad* spectrum of courses be available – including courses that will appeal to advanced academic librarians and courses that are progressive in content, building on prerequisites and on earlier course work. What are MLA's strengths in programming? Can we look to library schools for courses on academic and theoretical developments that will broaden the outlook of health sciences librarians on issues common to all libraries? How can we encourage the schools to draw on the general faculty of their universities to teach their *own* subjects in courses geared to librarians, for instance business, architecture, and law?

An additional avenue of continuing education for health sciences librarians is through the continuing education centers or schools in health sciences institutions themselves. These continuing education programs are expanding to meet the highly publicized needs of physicians, nurses, and others. Why not health sciences librarians, too? Appropriate course offerings would be in subject areas that cut across disciplines and would appeal to members of several professions and to the administration. A side benefit of participating in such courses could be visibility for librarians as part of the health team that requires continuing education as much as the other staff members do.

As we break up into our discussion groups for the 6th and final time this week, we can assume a general consensus that continuing education is needed. The issues are:

> What are the relative responsibilities of those involved in continuing education as producers and as consumers?
>
> Should additional or expanded avenues of continuing education be developed? If so, by whom and for whom?
>
> Which pieces of the curricular pie should be the responsibility of each provider?
>
> and
>
> Who exercises quality control?

GROUP DISCUSSIONS AND RECOMMENDATIONS

The final position paper deals with the relationship between graduate education programs and continuing education for health sciences librarians. The careful articulation between graduate education and continuing education is something that has been needed in the field of librarianship for some years. This need has increased in health sciences librarianship in recent years with the development of a competency-based certification examination. Because of the cost of both graduate and continuing education, it is imperative that all educators meet well-defined educational objectives without unnecessary overlap with education efforts of other segments of the health sciences library community. Discussion group comments for this paper have been classed by: 1) Financing for continuing education, 2) Types of continuing education activities, and 3) The role of the library schools in continuing education.

Financing for Continuing Education

There is evidence that while there has been great progress in continuing education, there has also been some occasional floundering. A large amount of federal money was put into the post-master's programs, but it is obvious that that kind of money is not going to be forthcoming now.

Consumers of continuing education must take part of the responsibility for their own education including some of the financial responsibility.

Should MLA continue to invest as much of its resources in continuing education as it has in the past?

Economic factors are important. When you look at the number and kinds of opportunities that are available to individuals now in the way of continuing education you can see that they fall somewhere on an economic continuum. Some continuing education activities are very expensive while others cost nothing. Quality judgments cannot be made solely on the basis of cost. As it now stands, individuals may have to pay out their own money without any prior information that really aids in determining the quality of the activity. This balance between quality and economic considerations is an important one.

Types of Continuing Education Activities

There should be multiple sources for continuing education. We should not limit ourselves to just university offerings in continuing education. All possibilities should be included. Currently there are a number of opportunities, but there is some problem of quality control. Individuals should also be encouraged to develop their own continuing education activities. These may be even more beneficial than structured offerings by other agencies.

Because there are so many different continuing education activities available, it is difficult for some individuals to decide which activities are important and which are not. These activities come from the Association, the Regional Medical Libraries, other library associations,

and state libraries. One might well throw up his hands in despair in an attempt to choose from among so many.

There are two different groups when you talk about the non-master's degreed person in the health sciences library. One group is comprised of individuals who are in what is basically a professional library position. The other group is comprised of individuals at the technician level. The continuing education needs of these two groups are different.

People learn differently and some people learn well in the continuing education modes we are presently using. But we certainly aren't using all the modes available to us. Other people learn much better in more personal modes. You have to be careful about the conclusions you draw regarding the educational objectives behind a particular learning experience.

The individual, the Association, and the library schools all have some responsibility with regard to continuing education. For example, you may have an individual who would like to take a sabbatical and develop his own form of continuing education. In the scheme of the library and its reward system, we need flexible criteria that allow for all of the different approaches to continuing education.

How do you determine which continuing education activity has the quality that you are looking for? How do you determine which one even has the content that you are looking for? We do not have a reliable system for describing continuing education activities that are not sponsored by the Association.

Are there other modes of continuing education activities that MLA should get into? Even if they choose not to get into them, they need to consider their acceptance for recertification credit.

The non-master's degree individual who has a professional position has continuing education activities provided for him by the regional Medical Library Association groups. However, a national policy limits continuing education for non-professionals to the Regional Medical Libraries. Even so, MLA cannot completely delegate its responsibility in this area to the RML's. The non-degree people in professional positions do not meet the definition of the technical people designated as the responsibility of the RML's. The American Hospital Association should also be encouraged to take more initiative with this group.

Continuing education activities involving advanced training in research institutes concentrating primarily on academic and theoretical questions should be addressed by library schools. Continuing education has a low priority with administrators of some universities. If library schools were to concentrate on the advanced study concept for continuing education, it might make it more attractive to the university and to the library school administration. It might help to raise the prestige of continuing education programs.

Employers must support continuing education in terms of release time, especially for hospital librarians.

In addition to MLA continuing education courses there could also be short courses in conjunction with library schools during the summer school period. MLA could serve as a

coordinating agency with responsibility for recordkeeping for credit, etc. They could also coordinate such a program between library schools, health sciences libraries, and other organizations. The Association should take advantage of the special strengths available in particular health sciences libraries and other institutions. By this means they can augment continuing education programs and strengthen the sophistication of their own continuing education programs.

The Role of the Library School

If monies were available and MLA were willing, then they could serve as an award coordinating agency. They could contact specific library schools for the production of certain continuing education courses. Perhaps the same course could be duplicated in different regions or different courses could be made available on a regional basis. There might be a number of library schools interested in doing this type of developmental work.

There is a very real problem in getting library school faculties to participate in continuing education because such activities come at a low priority in the reward system within the university.

There are varying degrees of quality in the continuing education market. The one area which is still the least well-handled is in the dissemination of advanced ideas and techniques. This is an area in which there can be a breakthrough for library schools. If you tie the research and scholarship of library school faculty members to this area you may promote rewards for such work or at least tie it in higher in the reward system. The intellectual investigations that library school faculty are doing in these areas can be brought out as advanced continuing education offerings. This is a means of converting their research into applied terms. This should result in giving continuing education more status in the academy.

In the past, too much of what has been called continuing education has really been remedial or compensatory education. The deans of graduate library schools quite understandably feel upset at having their very expensive faculty spending their time on such things.

Given the fact that library schools do have the capacity to provide continuing education, whether they are doing so or not, then it seems that they also have the capacity to enter into more meaningful programs on a continuing basis.

Library schools now seem to be recognizing a greater responsibility in the area of continuing education. But this doesn't mean that the faculty is necessarily equipped to provide the courses that are needed. In a pluralistic society, the responsibility for continuing education has to belong to various organizations. Library schools have an obligation to provide some continuing education along with that provided by other agencies.

Several library schools now have a director of continuing education. This person is a manager of this type of activity. His function is to put together the people who are needed, the skills that are needed, with the information or content required for a particular continuing education activity.

After individuals finish library school they have to assess their own situations at any given point in time and determine what it is they need in the way of continuing education. Once they do this, they need to express this need to the library schools. Adequate feedback is one of the most difficult things for the library schools to achieve. It is not hard to get presenters for continuing education, nor is it hard to get the money for continuing education, but it is hard to get individual needs translated into educational programs.

All accredited library schools have goals and/or objectives for maintaining the professional competence of graduates. Or at the very least, they consider it a responsibility to instill in the student the need for lifelong learning. In the latter case they do not indicate that the library school is responsible for fulfilling or meeting the continuing education needs.

In our state we have established a committee consisting of library educators and representatives from library associations including health sciences librarians. We work cooperatively to achieve our educational activities. Because this is a cooperative effort there is no tremendous expense to any one group.

Recommendations

That an ongoing marketing study be a function of the Division of Education of MLA to gather data on the need for continuing education for all levels of health sciences library personnel.

That MLA maintain a program of quality control for continuing education offerings under its jurisdiction. An acceptable level of content must be established. Measures are also needed to insure the quality of both instructors and participants.

That Association efforts towards improving teaching effectiveness such as the continuing education course entitled *Teaching Skills for Library Educators* be widely promoted.

That the Regional Medical Library system do more to improve quality control in programs offered at that level.

That library school educators be encouraged to participate in the planning and promotion of continuing education activities with MLA whether or not instructors are available in the library schools to teach these specific activities.

That MLA assume a greater responsibility for making members aware of continuing education activities.

That efforts be made to make individuals aware of their own responsibility to plan for lifelong learning. Individual feedback to library schools concerning their self-assessed continuing education needs is considered important.

That employers of health sciences librarians be made aware of the need for their support of continuing education activities through release time and financial assistance. Library environ-

ments should stress professional growth even if this is only demonstrated through programs of self-education based on reading the professional literature.

That a cooperative effort between the Association, library schools, and other relevant groups be explored as a means of coordinating continuing education development for health sciences librarians. It is desirable that new modes of delivery for continuing education be developed, but the quality of these delivery systems must be carefully evaluated.

That continuing education courses offered by the Association be arranged in a suitable hierarchy depending upon the target audience. To aid in the quality control aspects of the program, new courses should be test marketed. Students have a responsibility to provide truthful evaluations for all continuing education activities.

That MLA re-evaluate its dual role as provider and assessor of continuing education credits.

That library schools accept responsibility for some continuing education activities which need to be offered in greater depth than possible in MLA's format of one and two day seminars.

That as RML's, library schools, and other agencies become more involved in continuing education for health sciences librarians, stress be laid on cooperation, compatibility, and coordination instead of on competitiveness.

That library directors communicate with library schools as to what competencies need to be addressed in the library school curriculum and what continuing education activities would be most useful. Guidelines developed by MLA should consider this source of information.

CONCLUSION OF THE CONFERENCE – FUTURE PLANS AND ASSIGNMENTS

Nina W. Matheson

Both yesterday and today there were respondents who crisply threw out several challenging questions which ended sternly, "If not, why not?" They took me back to my high school commencement. My speech was titled, "Was our education adequate? And if not, why not?" Some of my teachers thought this rather an impertinence. And I think it was, among other things. Actually, education is somewhat like Heraclitus' river, and the eternal question to be answered is what do we do about it?

For two days I've heard intimidatingly articulate, positive and authoritative statements which all sounded logical and persuasive even when at odds. It is the cognative style, in fact the requirement of our profession, that we know how to classify and catalog. I wish I could catalog the individually cogent and insightful points made by the discussion groups – that will be a pleasure that Bob Berk and Karol Weigelt Stahl will have. The best I can do is classify or characterize. And I hope you will forgive an inevitable degree of filtering or bias.

It is remarkable and exciting to me that representatives of two groups each passionately dedicated in different ways to a shared purpose – the excellence of library and information services —have come together after a dozen years and coalesced as a workgroup in an effort to share ideas about working out a better immediate future. I suspect many of us seasoned, maybe even jaded, conferees came here with modest expectations and some uncertainty as to the probability of useful results. But if I am correct, we have achieved an extraordinary result, for I sense more than a commitment to the dialogue of this time and in this place, but a willingness to continue substantive work in a long overdue coalition built on an acknowledgment of mutual responsibilities and mutual respect. This is a pragmatic group of thinkers and doers. There was no ringing rhetoric or trumpet calls to the barricades. There was some overstatement and certainly disagreement, but I think there are some discernible recurring themes.

First, there was general support for diversity. We seem to concur with the necessity of specialization. We agreed to multiple means to that end, recognizing the individualized nature of the student's needs, the library schools, the faculty, the employing environment and the variety and diversity of library practice itself. Further, there was agreement on the non-compulsory nature of those means (another one for democracy) for the library school as well as for the student, whether practicums, sixth year certification, immediate post master's internships, MLA certification, or general Continuing Education programs.

Also, we were in this manner addressing the relationship of diversity to excellence. In pursuit of the ideal, we recognize that all schools should not be expected to move beyond their means and modest programs should not be put down as inadequate. But those that make the commitment to specialization should do so only in close collaboration with teaching libraries (I think host libraries reflect an unacceptable passive role) who on their side make commitment to that difficult art of teaching and its uncompromising demands. This leads to the point that the value systems and the environment of both groups should be better understood by the others. There needs to be more give and take, more communication.

Adjunct faculty should expect to give themselves to more than the one classroom and participate actively in the academic process. On the other hand, faculty should take the opportunity to refresh and renew their experiences of what a life of service is all about. Although the responsibility for education lies with the graduate schools, it is a responsibility to be shared with the specialist practitioners. And there should be no lingering doubt about the special nature of health sciences librarianship; if there is any information use that can be literally a matter of life and death, it is there. The medical education model has much to recommend it and should be borne in mind.

The communications channels have opened in a different way from 1967 for meaningful work. I do not think another 12 years or even 12 months will elapse before task force groups will be formed. The exact shape and contours of the task force will be worked out. But this body can take credit for establishing the criteria for their makeup and for the work tasks they will undertake. The programs to be eventually initiated will no doubt require commitments of various funding sources. To be dependent on one source such as NLM would violate our devotion to diversity. All those named and evoked in the past two days as sharers of the responsibilities and benefits know that the ultimate commitment is from our own resources.

The Janet Doe Lectureship is one of the highest awards the MLA can give. It is a recognition of excellence and leadership. One present and four past lecturers are here at this conference and symbolize (in the neatest way a conference summarizer could reasonably expect) the frame in which we have worked. Bishop, Brodman, Darling, Zachert spoke to Diversity, Excellence, Continuing Education and the Values of our profession. Gwen Cruzat is the one who has yet to give her lecture. I don't know what her topic will be but what else can it be but where we go from here.

Thank you all. It was a privilege to share this work with you. Enjoy your lunch and good luck with Ozark!

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